

The Louisiana Iota Chapter of Alpha Epsilon Delta
Presents

4th Annual Winter Sun Run

5k Run & Healthwalk / 1 mile Fun Run

December 5, 2009

8:30AM @ LSUS H&PE Building



Come out and help the Alpha Epsilon Delta of LSUS raise money and awareness for the Pool of Siloam Medical Ministry.

The Pool of Siloam is Alpha Epsilon Delta's primary philanthropy and operates solely on donations to meet the health needs of the uninsured and medically underserved residents of our community

Entry Fee: Pre-registration is \$15.00. After Nov 28, 2009 registration is \$20.00. Race day registration is \$25.00. You may register by mail or by dropping off your entry at Sportspectrum w/ **CASH or CHECK ONLY**, 6970 Fern Ave, Shreveport, LA 71105. **ALL CREDIT CARD** registration must be online @ www.sportspectrumusa.com.

Participants Receive: All **pre-registered** participants will receive a long sleeve 100% cotton event T-shirt. Prizes will be awarded according to gender and age. Group 1: < 18, Group 2: 19-55, Group 3: 55 & older

Race Day Registration & Check-In: Race day registration is from 7:30— 8:15am. You may also pick up your packet early at Sportspectrum starting Thursday, November 3 from 12:00—7:00pm and Friday, Nov 4 from 10am—6pm or at the Race site Saturday. Race site pick-up is in front of LSUS HPE buliding.

Post-Party: Stick around for snacks/food, provided by Cane's, and music , and you can't leave before the awards!!

Register Online at: www.SPORTSPECTRUMUSA.COM

Waiver & Release

In consideration of my being admitted to the AED Winter Sun Run, I, for myself, my heirs and assigns, executors and administrators, do hereby forever release and discharge Sportspectrum, AED, LSUS, Sportspectrum Race Management, & all other sponsors their employees and agents, of and from any and all claims of demands for damages of liability in any manner arising out of participation in such event. I certify that I have prepared myself for this event and that I am in adequate physical condition to compete in this event. I agree to follow all rules of this race, and I permit myself to be removed from the competition if in the opinion of the Race Administrators my continuing would endanger my health.

For further information call Sportspectrum at (318) 798-1241

**4th Annual AED Winter Sun Run 5k Entry Form
December 5, 2009**

Last Name _____ First Name _____

Address _____ City _____ State _____ ZIP _____

Date of Birth ____/____/____ T-shirt Size: S M L XL (XXL add \$2.00)

Sex: Male or Female Please Circle: **5k or 1 mile (circle one please)**

I understand and agree to all conditions of waiver. Signature _____

Parent/Guardian Signature if under 18 years old _____