



All Proceeds Support the National Veterans Rehabilitation Events

Date/Time: Sunday, November 10, 2013
5K and 1 Mile Start at: 8:00 AM 5K W/C division 7:55 AM

Location: Start and finish for all events will be at the St. Louis VA Medical Center - Jefferson Barracks Division
Directions: In MO, take interstate 270/255 south to the Koch Road exit (last exit in MO), go left to S Gate Drive and follow the signs.
From IL, take Interstate 255 south into MO to the Koch Road exit (first exit in MO), go right to S Gate Drive and follow the signs.

Cost: \$20 early registration for 5 K or 1 mile \$25 if after 10/1/13 \$30 on race day
Payment may be made online at <http://sweatwithvets.racesonline.com/> or by mailing checks payable to the "Sweat with the Vets GPF 8187", Attn: Jean Ferguson, 1 Jefferson Barracks Drive, mail stop 117/JB, St. Louis, MO 63125

Packets: Packet pick-up and race day registration —on-site on race day 6:30 AM until 7:45 AM
Friday, 11/8 at FEET FLEET Sports, 504 Old Smizer Mill Road, Fenton Mo 63026 (10 am -8pm)
Saturday, 11/9 at FEET FLEET Sports, 11731 Manchester Road, Des Peres, MO (10am - 5pm).

Shirts: ***IMPORTANT: Every effort will be made to provide T-shirt sizes for registrations postmarked by 10/1. After 10/1, T-shirts available on a first come, first served basis; i.e. T-shirts are NOT guaranteed***

Awards: 1 Mile: Noncompetitive
5K—Awards given to Top 3 Male and Female Wheelchair Winners, Top 3 Male and Female Overall Winners, and Top 3 Male and Female Winners in each of the following age groups: 14 & under, 15-19, 20-29, 30-39, 40-49, 50-59, and 60 & over.

For more info: Jean Ferguson 314-652-4100 ext 64015 or Jean.Ferguson@va.gov

Sponsored by:



2013 Sweat with the Vets

PLEASE PRINT

Name: _____ Phone (evenings): _____ Amount Enclosed: _____

Address: _____ Age as of 11/10/13: _____ DOB: _____

City/State/Zip: _____ Circle Gender: Male Female

Circle Event: 5K 5K Roll 1 Mile 1Mile Roll

If you want results sent to you:

Email address: _____ Mobile phone number/service provider: _____

T-shirt size: Adults (Mens): S M L XL XXL

UNABLE TO ATTEND BUT WOULD LIKE TO DONATE THE CAUSE – Amount Enclosed: _____

RELEASE OF LIABILITY (Read before Signing)

In consideration of being allowed to participate in the Sweat with the Vets 5K Run/Walk/Roll and 1 mile Run/Walk/Roll, related events, and activities, I, the undersigned, acknowledge, appreciate, and agree that:

- 1. The risk of injury from the activities involved in these Walks is significant, including the potential for serious bodily injury, including death, and property damage. I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, and assume full responsibility for my participation.
2. I willingly agree to comply with the stated and customary terms and conditions for my participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
3. I, for myself and on behalf of my guardians, executors, heirs, assigns, personal representatives, and administrators, HEREBY RELEASE, HOLD HARMLESS, COVENANT NOT TO SUE, AND FOREVER DISCHARGE, the United States Government; and any and all sponsoring agencies, sponsors, advertisers, owners, and lessors of premises used to conduct the Walk, related events, and activities; and, officials, volunteers, and other participants of the Sweat with the Vets 5K Run/Walk/Roll and 1 mile Run/Walk/Roll, from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any and all injury, disability, death, or loss or damage to person or property.
4. I consent to medical treatment in the case of emergency. I agree to assume full responsibility for payment of any and all fees incurred as a result of such medical treatment.

I HAVE READ THIS ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature: _____ Date Signed: _____

Name (Please print): _____

IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Phone Number: _____

Address: _____ Street City State Zip Code

Relationship: _____

PUBLICITY RELEASE/RELEASE OF INFORMATION

I voluntarily and without compensation authorize pictures and/or voice recording(s) to be made of me by or on behalf of VA, Veterans Canteen Service, US military publications, and other magazines, veteran's publications, newspapers, and broadcast media, etc., while I am a participant in the Sweat with the Vets 5K Run/Walk/Roll and 1 mile Run/Walk/Roll. I authorize any or all of the above to publicize and/or display such photographs and recordings, or to provide such photographs and recordings to others of their choosing for display, without notice or payment of any royalty, fee, or other compensation of any character to me for the use of my picture and/or voice. I understand that the said picture(s) and/or voice recordings(s) are intended to publicize and give recognition to the Sweat with the Vets 5K Run/Walk/Roll and 1 mile Run/Walk/Roll. Also, I authorize storage of my registration and event data in the electronic media.

Signature _____ Date _____

I also authorize contact information (i.e., my telephone number) to be published on the VA Special Events website.

Signature _____ Date _____

