

North Shore Wellness Fair 13th Annual 5K Road Race and Fun Walk

When: Sunday, May 3, 2009 (Race starts at 9:00 a.m., rain or shine!)
Where: Salem State College O'Keefe Center, 225 Canal Street, Salem, MA
Why: To promote a healthy lifestyle and to raise money for local charities

Race Day: Number pick-up from 7:30 - 8:30 a.m.

Pre and post race massage and dynamic warm-up & cool down!

Race awards and prizes will be presented immediately following the race.
 FREE drawing during awards ceremony (you must be present to win!)



Wellness Fair Information and Screenings 8:00 a.m. - 11:00 a.m.



- Acupuncture
- Blood Pressure
- Bone Density
- Cholesterol
- Diabetes
- Fitness Assessment
- Nutrition
- Personal Training & Injury Prevention
- Postural Analysis
- Skin Cancer

REGISTRATION FORM – Please Print

Last name: _____ First name: _____ Age: ___ Sex: M ___ F ___ Email: _____
 Address: _____ City: _____ State: ___ Zip: _____ Phone: _____
 I would like to register for: 5K Run ___ 2 Mile Fun Walk ___ Estimated finish time (for 5K): _____ minutes
 Age Group: 13-17 ___ 18-29 ___ 30-39 ___ 40-49 ___ 50-59 ___ 60-69 ___ 70+ ___
 Affiliation to Salem State: Current student ___ Alumni ___ Current employee ___
 All pre-registered runners and walkers will receive a t-shirt. Your preferred t-shirt size: S ___ M ___ L ___ XL ___ XXL ___

RACE ENTRY FEE: Entry received *BEFORE* Friday, 4/24/09 Entry received *AFTER* Friday, 4/24/09

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Salem State students, alumni and employees	\$12.00	\$15.00
General Public	\$15.00	\$20.00

All monies must accompany this registration form. Please make check payable to Salem State College and mail to:
Salem State College Wellness Center, 352 Lafayette Street, Salem, MA 01970-5353
 Questions? Contact Tracy Morin at 978.542.6550 or tmorin@salemstate.edu

Consent Statement: In consideration of this entry being accepted, I hereby for myself, my heirs, and administrator, waive any and all rights and claims for damages I may have against Salem State College, meet directors, sponsors, volunteers, their successors and assigns, for any and all injuries by me at said meet and event.

Signature: _____ Parent Signature (17 & under): _____