



Saturday, October 24

8 am Run 9 am Walk

**Woodlawn Lake
1103 Cincinnati St.
San Antonio, TX 78201**

Sign Me Up!

Early Registration September 1 to October 19

Visit your local WellMed Clinic

Visit www.WellMedMedicalGroup.com for locations

Mail-in Registration (postmarked by Oct 16)

Register Online
www.active.com

**WellMed Attn: Eva Treviño
8637 Fredericksburg Rd., Ste. 100
San Antonio, TX 78240**

**Race Day Registration/Package Pick up:
7 am - 8:30 am Woodlawn Lake Pavilion**

\$20 per person

FREE

**for all WellMed Medicare eligible patients
and Children under 10**

Strollers are welcome, no pets please

**Special Thanks to WellMed @ Northwest 410
All proceeds benefit the WellMed Charitable Foundation**

First Name/ <i>Nombre</i> _____		Last Name/ <i>Apellido</i> _____	
Phone/ <i>Numero de Telefono</i> _____		Date of Birth/ <i>Fecha de Nacimiento</i> _____	
Address/ <i>Direccion</i> _____		Zip code/ <i>codigo postal</i> _____	
Team Name _____		Captain _____	
Adult T-Shirt Size <i>(Circle one)</i>	S M L XL XXL	Child Sizes	S M L
Charge this amount to my credit card \$ _____	Credit Card Number _____	Expiration Date _____	
Check Make payable to: WellMed Charitable Foundation	Cash _____	Total Payment \$ _____	
How did you hear about the 2009 Blake Rapier Wellness Run/Walk?			
WellMed Clinic _____	www.active.com _____	Newspaper Ad _____	Other _____

Assumption of Risk. As a condition of participation, the participant and/or their parent/legal guardian: (i) represents that the participant is in good health and is capable of participating; and (ii) agrees to assume all risk of personal injury, death or loss of or damage to property. The participant and/or their parent/legal guardian fully understands that recreation activities can be hazardous and are not an essential activity. Fields, floor and equipment conditions vary because of weather changes or use. Obstacles and hazards including other participants may exist. The sponsor does not provide medical insurance for participants.

Signature of Participant: _____ **Date:** _____

Signature of Parent/Guardian (if under 18): _____ **Date:** _____