Open to the community — nurses, employees, families and friends!

Nurses Leading the Way for Women's Health!

**Nurses Living Fit™ Second Annual 1 Mile or 5k Walk/Run Event**

**Sunday, May 23, 2010**

*FREE Screenings: 7 a.m - 10 a.m.*

Blood pressure, body mass index and glucose offered by Inova Loudoun Hospital Mobile Health Services

**Registration:** 7 a.m. - 7:45 a.m. or May 21*

**Start Times:**
- Run  - 8 a.m.
- Walk  - 8:15 a.m.

**Location:**
National Conference Center
18980 Upper Belmont Place
Leesburg, VA 20176

**Fee:**
- $20.00 by May 6
- $25.00 after May 6
- $5.00 Children 5 - 12 years (under 5 free)

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**Questions:** cynthia.earley@inova.org

*Preregistration packet pickup: Friday, May 21,
3 p.m. - 6 p.m.
Inova Loudoun Hospital
Conference Room A
(packets include pedometer, YogaFit® on the Road CD and water bottle)

Walk/Run Event sponsored by the Inova Loudoun Hospital Research Council to support nursing research, including obesity research.

Registration Information: [inova.org/nurseslivingfit](http://inova.org/nurseslivingfit)
Nurses Leading the Way for Women's Health

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Sunday, May 23, 2010

Registration information: inova.org/nurseslivingfit

Registration Form

Complete and sign form below, and return with check made payable to Inova Loudoun Hospital: Attention Andrea Rose, Inova Loudoun Hospital, 44045 Riverside Parkway, Leesburg, VA 20176.

Name: __________________________________________

Address: ________________________________________

Phone: _________________________________________

Email: __________________________________________

Inova Health System employees only specify:

Facility: ___________________________ Dept: ______________

Nurse Type (check one): ❑ RN, PhD/DNP, DNSc ❑ RN, MSN, Master ❑ RN, BNS/Bachelor ❑ RN, AD ❑ RN, Diploma ❑ LVN/LPN ❑ CNA/Clinical NurseTech ❑ Other ❑ Not applicable

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Event distance planned (check one): ❑ 1 mile ❑ 5k ❑ Not sure

Event type planned (check one): ❑ Walk ❑ Run ❑ Walk/Run ❑ Not sure

Gender: ❑ Female ❑ Male Age: _______________________

Race: ❑ African-American ❑ American Indian ❑ Asian ❑ Hawaiian/Pacific Islander ❑ Other ❑ Hispanic/Latin American ❑ Native ❑ Caucasian/White ❑ Other

Signature: _______________________________________

Date: __________________________________________

By entering this event, I agree, warrant and covenant as follows: I know that walking/running is a potentially hazardous activity. I should not participate in the event unless I am medically able and properly trained. I agree to abide by any decision of an event official relative to my ability to safely complete the event. I assume all risks associated with participating in this event, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release Inova Loudoun Hospital, and all contributors, or sponsors, their directors, officers, employees, agents; representatives and successors from all claims or liabilities of any kind arising out of my participation in this event though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I acknowledge that the application fee shall be non-refundable. I agree that the sponsors of this event may use my name and likeness for publicity purposes.