



Brain Injury Association of Rhode Island, Inc.'s
2nd Annual Brendan Doyle 5K Run for Fun
and

16th Annual Anthony DeOrsey 2 Mile Walk for Thought
Slater Memorial Park
Newport Avenue, Pawtucket, RI
Saturday, October 24, 2009

Check-in time begins at 8 a.m. at the Daggett Farm
5K Run – 10 a.m.

- **Registration:** \$18 postmarked by Oct. 20th for Run & Picnic, \$20 day of run
- Free T-Shirts to 1st 200 entrants (runners & walkers)
- Awards to top 3 male and top 3 female finishers overall
- Awards given to top three in each of the following categories:
 Junior (under 19), Open (19-39), Master (40-49), Senior (50-59), Veteran (60-69),
 and Grand Veteran (70+).
- **Amenities:** Timing and scoring by +Organization Plus+ Road Race Management Services;
 Course measured by Ray Nelson; Water station, 1/2 way mark; restrooms
- **Post Race:** Awards ceremony, picnic lunch, raffle drawing
- **Register online at www.needtorace.com** or mail to address below

2 Mile Walk – 9:30 a.m.

- **Registration:** \$15 for Walk and Picnic, \$20 day of walk (Children under 6 are free)
- Free T-Shirts to 1st 200 entrants (walkers & runners)
- **Post Race:** Awards ceremony, picnic lunch, raffle drawing
- **Register online at www.needtorace.com** or mail to address below

Questions, call BIA of RI at 401-461-6599 or email Sharon@biaofri.org

Timing and Scoring by +ORGANIZATION PLUS+ Road Race Management Services

Brendan Doyle Run for Fun & Anthony DeOrsey Memorial Walk for Thought

*Mail form and entry fee (non-refundable) to:
 Brain Injury Association of RI, Inc., 935 Park Ave., Ste.8, Cranston, RI 02910*

Name _____ Age _____ Gender _____

Street Address _____ Phone _____

City _____ State _____ Zip Code _____

E-mail _____ **Please circle one:** **5K Run** **2 Mile Walk**

Waiver: I hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages which may be after accrue to me against the Brain Injury Assn. of RI, Inc. and it's sponsors, successors, assigns, owners, officers, agents & employees, the City of Pawtucket, any race officials & volunteers from any cause, including negligence or carelessness arising out of my participating in this event & hereby acknowledge my assumption of risk with respect to it. Further, in the event that I am signing this application on behalf of my minor child, I hereby agree to hold the above-mentioned parties harmless for any injuries that my minor child may receive in conjunction with this event. I attest that I am physically fit to compete in this athletic event. I also grant permission for the use of my name and/or pictures in any broadcast, photograph, or other account of this event.

Signature or Signature of parent or guardian if under 18 _____

_____ Date