

****New Date ****
SATURDAY –SEPTEMBER 17, 2011

Proudly Presented by the Taunton State Hospital Board of Trustees
In conjunction with *The Friends of Taunton State Hospital*



THE RUN FOR RICKY

13th ANNUAL ROAD RACE - 5K (3.1 miles)

**TO BENEFIT TSH POSTSECONDARY SCHOLARSHIP
FUND FOR CLIENTS AND STAFF AND THEIR FAMILIES**



TIME: 10:00 AM

LOCATION: TAUNTON STATE HOSPITAL – 60 HODGES AVE. EXT. – TAUNTON, MA

ENTRY FEE: \$15 FOR PRE-REGISTRATION BY SEPTEMBER 1, 2011
\$18 FOR REGISTRATION SUBMITTED AFTER SEPTEMBER 1 2011

ENTRY FEE INCLUDES COMMEMORATIVE, T-SHIRT TO THE FIRST 100 REGISTERED RUNNERS. – Register early to ensure T-shirt size!

COURSE: THE COURSE IS FLAT AND WITHIN THE GROUNDS OF TAUNTON STATE HOSPITAL. **CAUTION:** THE ROAD SURFACE IS FREQUENTLY UNEVEN AND ONE-HALF MILE OF THE COURSE IS UNPAVED TRAIL.

DISTANCE: 5K (3.1 MILES) – ACCURATELY WHEEL-MEASURED
1.5 MILE FAMILY WALK

FACILITIES: THERE ARE NO CHANGING OR SHOWERING FACILITIES AVAILABLE TO THE PARTICIPANTS. RESTROOM FACILITIES ARE AVAILABLE.

PARKING: AMPLE PARKING IS AVAILABLE

NOTE:

- Trophies will be awarded for 1st, 2nd & 3rd places in the different age categories.
Youngest Participant
Oldest Participant
- **Other Awards:**
Best dressed dogs
- All runners & walkers are automatically entered into the raffles.
- Note: The Family Walk is a non-competitive event and no awards will be made.

AMENITIES:

- Splits each mile
- Awesome raffle prizes

For more information, please contact Sandy Epstein at 508-977-3127 or
Sandy.Epstein@dmh.ma.us

ENTRY FORM

Complete & return to: **Sandy Epstein – Friends of Taunton State Hospital – P.O. Box 4007 – Taunton, MA 02780**
Make checks payable to: *The Friends of Taunton State Hospital.*

OR REGISTER ON-LINE AT: WWW.RUNREG.COM

Name _____		Please Circle One:		Pet Walk	5 K Run	Family Walk
Address _____		Please Circle One:			Male	Female
City _____ State _____ Zip _____		Please Circle T-Shirt Size:		S	M	L XL
Area Code and Phone Number _____		Age as of 09/17/11:		_____		
Team: _____ (if part of)		email address: _____				
Waiver & Release from Liability: In consideration of this entry being accepted, I do hereby forfeit, waive, release Taunton State Hospital and any organization or person connected with the holding of this event from all claims and causes of action which I, at any time, acquire as a result of participation in this event. I understand that this activity requires strenuous physical exertion. I hereby attest that I am physically fit and sufficiently trained for this event. _____						