

WellCare
FOUNDATION™
55 East Lexington Avenue
Phoenix, Arizona • 85012

WellCare
FOUNDATION™
PRESENTS IT'S FIRST ANNUAL



Fit Family Run

5K Run / Walk • 1-Mile Run / Walk
Saturday, May 1, 2010 • 8:00 am
Tempe Kiwanis Park

GOLD SPONSOR



An Independent Licensee of the Blue Cross and Blue Shield Association

BRONZE SPONSOR



RACE PATRON



HEALTH FAIR PARTNER



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KIWANIS PARK
Mill Ave & All America Way
480-350-5200
www.tempe.gov/parks



In 1999, Marge Ebeling, RN, DCh, PhD, founded the WellCare Foundation with the help of twelve practitioners. WellCare's mission: to provide free, integrated primary healthcare to single, working mothers and their children not reliant on state assistance yet cannot afford health insurance or to pay out-of-pocket for needed care.

By 2005, WellCare had grown to 60 volunteer practitioners and opened a second WellCare clinic at the Tempe Boys & Girls Club. In 2008, WellCare opened its third clinic at the Gilbert Boys & Girls Club and its fourth at Fresh Start Women's Resource Center. WellCare just opened its fifth clinic at the Stewart Branch Boys & Girls Club in January 2010, and today, WellCare has more than 135 licensed, volunteer practitioners.

Get involved:
WWW.WELLCAREFOUNDATION.ORG

WellCare's Inaugural Fit Family Run & Healthfair



DATE:
May 1, 2010

LOCATION:
Tempe Kiwanis Park

START TIMES:
7:00 am Registration
8:00 am 5K Run
8:15 am 1-mile Run / Walk*
9:00 am - Noon Healthfair Hosted by ASBA
* Strollers Welcome!!!

EVENTS:
5K Run / Walk
1-Mile Run / Walk

All participants will receive a T-shirt, goodie-bag and refreshments & Chrotrack event timing

5K RUN/WALK:
Flat 3.1 mile course winds through the park and along the canal. Water stations positioned along the course. Mile markers placed at each mile.

1-Mile RUN/WALK:
Course winds around Kiwanis Lake.

ENTRY FEES:	Before 4/19/10	After 4/19/10
Adults ages 16 and up	\$25	\$30
Kids ages 5 - 15	\$15	\$15
Children under 5	Free	Free
Corporate Team Challenge	\$100	\$125

QUESTIONS?
Contact Anne Gill, WellCare Foundation
agill@wellcarefoundation.org 602.263.7619

REGISTRATION:

BY MAIL:
Complete attached registration form. Send entries and check made payable to WellCare Foundation to:

WellCare Foundation
55 E. Lexington Ave.
Phoenix, AZ 85012

Entries must be postmarked by April 19, 2010 to receive early registration discount and guaranteed T-shirt.

ONLINE REGISTRATION:
WWW.WELLCARERUN.COM
Please visit our website to register online via active.com

RACE DAY REGISTRATION:
May 1, 2010 • 7:00 - 8:00 a.m. • Tempe Kiwanis Park

PACKET PICKUP:
April 30, 2010 from 10:00 am to 6:00 pm at Runner's Den, 6505 North 16th Street • Phoenix, AZ 85016
*Registration available 10:00 am to 6:00 pm

AWARDS:
Presented to the top three overall male & female finishers. Awards also given to top three teams. Total time for each team calculated by the average time of the top two runners and the last runner on each team.

100% OF THE PROCEEDS from the Fit Family Run benefit WellCare Foundation, a 501(c)(3) nonprofit organization. Since 1999, WellCare Foundation has helped single, working mothers and their children get healthy and stay healthy by providing the highest level of care possible at no cost to those they serve. WellCare's integrated and comprehensive approach to health care heals the whole person and provides much-needed physical, mental and emotional support.

WELLCARE'S FIT FAMILY RUN

PLEASE COMPLETE ALL FIELDS. ONE ENTRANT PER FORM. NO REFUNDS.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Team Name: _____
(If Applicable)

Are you the Team Captain? Y N

Gender: M F Age on race day: _____

T-shirt size: S M L XL XXL

Place Check in Appropriate Boxes Below:

	Before 4/19/10	After 4/19/10
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Adult ages 16 and over \$25 \$30

Kids ages 5 - 15 \$15 \$15

Corporate Team Challenge \$100 \$125

(Teams of 5, additional runners are \$25.00 each)

Total Enclosed: _____

WAIVER: With my signature, I acknowledge that I know that participating in this event is a potentially hazardous activity. I should not enter and participate unless I am medically able and properly trained. I agree to abide by any decision of the event officials relative to my ability to safely complete the event. I assume all risks associated with participating in the event, including, but not limited to, falls, contact with other participants, spectators or dogs, the effects of the weather, including heat and/or humidity, traffic and the conditions of the course, all such risks being known and appreciated by me. I understand that bicycles, skateboards, roller-skates or blades, and radio headsets are not allowed in the race and I will abide by this guideline. Having read this Waiver and knowing these facts, and in consideration of your acceptance of my entry, I, for myself and anyone entitled to act on my behalf, waive and release WellCare Foundation and the City of Tempe and its agencies and departments, and race directors, staff, volunteers, all sponsors, their representatives and successors, from claims and liabilities of any kind arising out of my participation in this event or related activities, even though such claim or liability may arise out of negligence on my part or negligence on the part of any other person or entity. I grant permission to all the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose without remuneration.

Signature of Participant (or parent/guardian if under 18)

Date