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Glenwood Medical Associates  
Internal Medicine and Family Physicians  
P R E S E N T S



*A BENEFIT FOR THE  
ADVOCATE SAFEHOUSE  
PROJECT*



**MDM GREEN TEAM**

*Again this year the Mother's Day Mile will be a "zero waste" . . . or darn near close event!*

**Mother's Day, Sunday, May 13, 2012 • Races begin at 1:00 pm**

A one mile loop beginning and ending at Glenwood Medical Associates at 1830 Blake Street, Glenwood Springs, Colorado.

\$15 per person (\$20 race day) • \$55 family rate (\$65 race day) • Children under 5 free  
*Pre-register to guarantee goody bag and treats!*

- Roses •
- Homemade Pie •  
A La Mode!
- Kids' Activities •
- Gift Basket Auction •
- Awards •

**SPONSORED BY THE GENEROSITY OF:**

**Glenwood Medical Associates  
US Bank**

The Richard & Marianne Reinisch Foundation  
Valley View Hospital • Somethin' Sweet Candy Plus  
Flower Mart • The Property Shop • Post Independent  
KMTS • Hotel Denver • Drs. Heim & Johnson, DDS  
Print Works Inc. • Moms for Moms Communities

**For more info contact the Advocate Safehouse Project at (970) 945-2632, x-101**



Advocate Safehouse Project  
P.O. Box 2036  
Glenwood Springs, CO 81602

ADDRESS SERVICE REQUESTED

# MOTHER'S DAY MILE

## REGISTRATION

**By Mail** Complete entry form and mail with payment by Monday, May 7, 2012 to: Advocate Safehouse Project, PO Box 2036, Glenwood Spgs, CO 81602

**On-Line** Register on-line and pay by credit card at [www.runningguru.com](http://www.runningguru.com).

**Create Your Own Fundraising Page**  
Go the extra mile for ASP and create your own fundraising page for Mother's Day Mile at [www.runningguru.com](http://www.runningguru.com).

**Download a Registration Form**  
[www.advocatesafehouse.org](http://www.advocatesafehouse.org) or [www.glenwoodmedical.com](http://www.glenwoodmedical.com)

**Drop Off Box** Drop entry form and payment off before Friday, May 11, 2012 at: **Glenwood Medical Associates** (inside drop box) 1830 Blake Street, Glenwood Springs, CO **US BANK** downtown 8th and Grand, Glenwood Springs, CO

**In Person at Glenwood Medical Associates**  
Friday, May 11 1 - 5 pm  
Saturday, May 12 9:00 am - Noon  
Race Day, May 13 Noon - 12:45

## PRE-REGISTER GOODY BAG PICK-UP

**Glenwood Medical Associates**  
Friday, May 11 1 - 5 pm  
Saturday, May 12 9:00 am - Noon  
Race Day, May 13 Noon - 12:45

## RACE WAVES

**Opening Ceremonies will start promptly at 1:00 pm GMA, 1830 Blake St, Glenwood Spgs, CO**

**Timed/Award Waves (times are approximate)**  
Opening Ceremonies .....1:00 pm  
#1 - Children age 14 and under .....1:15 pm  
#2 - Men and women under 40 (age 15-39) .....1:35 pm  
#3 - Men and women 40 and older .....1:55 pm  
**Non-Timed Wave** .....2:10 pm  
#4 - Re-runs, walkers, strollers, and families but **PLEASE, NO DOGS!**  
**Awards Ceremony** .....3:00 pm  
**Auction Closed** .....3:15 pm

## FOR MORE INFO

**Nancy Reinisch, Race Director:** [nrein@rof.net](mailto:nrein@rof.net)  
**Julie Olson, ASP Director:** 970-945-2632 ext. 101  
**Carol McCurry, Silent Auction Coordinator:** 970-618-0831

## AWARDS

Race awards are hand-crafted by HIV+ women of the Sisterhood Exchange Program, an initiative of the Organic Health Response 501-C3 in Mfangano Island, Kenya. The Safehouse is proud to be part of a global sisterhood of empowering women around the world.

- To be eligible for awards you must complete registration form correctly PRIOR to 1 pm race day deadline.
- To be eligible for age group awards, you must run in the age-appropriate wave.
- Awards for overall top 3 male & female
- Awards for top 3 in each age group
- Special awards for fastest mom, grandmom and great-grandmom
- Fastest overall male and female First Responder
- All finishers will receive a finish line rose & a slice of homemade pie, a la mode!
- Age Divisions: 8 & under, 9-10, 11-14, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70-79, 80+

## GIFT BASKET SILENT AUCTION 11:45 - 3:15

Shop under the Big Tent for fabulous gifts for Mom!



Hundreds of baskets!

## CHIP TIMING SPONSORED BY

**usbank** OF GLENWOOD SPRINGS

Again this year we will use souvenir race numbers with embedded timing chips.

## HONORING FIRST RESPONDERS

Once again the MDM will honor our local first responders with a complimentary race entry and commemorative ball cap. Who are the fastest First Responders? Throw down the challenge to other departments and let's find out.

## Do this one for mom!

### WAIVER & RELEASE

In consideration of being permitted to participate in the Mother's Day Mile race, I, the undersigned, intending to be legally bound hereby, do for myself, my spouse, if any, my legal representatives, heirs, executors, administrators, and assigns, hereby release and forever discharge and hold harmless Glenwood Medical Associates, Advocate Safehouse Project, the organizers and sponsors of this event, as well as their insurers, officers, directors, employees, volunteers, successors, and assigns (collectively the "Releasees"), from any and all liability and every claim, demand, or cause of action, of whatever kind or nature, either in law or in equity, arising out of my participation in this event, including but not limited to any type of personal injury, bodily injury, or death, whether or not caused by or involving the negligence of any of the Releasees.

I certify and represent that my physical condition is adequate to participate safely in this event and acknowledge that the Releasees have no obligation to provide medical care and have not undertaken any responsibility to do so. In the event that I receive medical care as a result of a medical emergency, I hereby consent to such care and fully release the person(s) providing such care from any and all liability, whether resulting from negligence or otherwise. I assume all risks associated with participation in this event including but not limited to falls, contact with other participants, weather conditions, and hazards that may be posed by traffic or spectators, and accept that I am responsible for my own safety.

I consent to the use of my name and picture in any broadcast, telecast, or print media account of or advertisement of this event, without compensation to me and without liability of any kind to me for any such use.

**All adults MUST read and sign waiver form, including parents, spouses, grandparents, etc.**

Signature of all adult participants:

\_\_\_\_\_  
Date \_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_

**All children must have a signature of a parent or legal guardian if under 18 years old.**

I, the undersigned, certify that I am the parent or legal guardian of the following minors and that I have read and signed the waiver and release of liability for and on behalf of the following minors:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_ Signature \_\_\_\_\_

## REGISTRATION

Please print clearly so we can correctly identify you!!

BIB#	Name	AGE	SEX	GREAT GRAND MOM	GRAND MOM	MOM	FIRST RESPONDER
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	Address _____						
_____	City/Zip _____						
_____	E-mail _____						
_____	2nd in Family _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	3rd in Family _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	4th in Family _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	5th in Family _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

"Unfortunately, NO REFUNDS due to weather or emergency cancellation."

**TOTAL AMOUNT DUE (entry fees are non-refundable)**

**Registration:**

**\$15 per person, Children under 5 free  
\$55 per family, 2 generations**

**\*\*On Race Day Fees increase to \$20 per person and \$65 per family!** \$ \_\_\_\_\_

YES! I would like to make a donation to honor 25 Years of Service from the Advocate Safehouse Project to our community. \$ \_\_\_\_\_

**TOTAL DUE \$ \_\_\_\_\_**

### FIRST RESPONDER INFORMATION:

Name \_\_\_\_\_  
Department \_\_\_\_\_  
Position \_\_\_\_\_

[Please make checks payable to Advocate Safehouse Project and mail to ASP, P.O. Box 2036, Glenwood Springs, CO 81602]