

3rd Annual St. Vincent DePaul Community Pharmacy: Poor Man's Run

Charity race sponsored by the ULM School of Pharmacy: Pharmacy Council
(All proceeds will go to St. Vincent DePaul Community Pharmacy)

SATURDAY, February 1st, 2020: 8:00 AM 1-Mile Fun Run Start 8:30 AM 5K Race Start

LOCATION: ULM College of Pharmacy, 1800 Bienville Dr, Monroe, LA

ENTRY FEES:	Postmarked by 01/18/20	\$10 for 1-mile	\$25 for 5K
	Postmarked after 01/18/20	\$15 for 1-mile	\$30 for 5K
	Race Day (Cash Only)	\$20 for 1-mile	\$35 for 5K

ON-LINE REGISTRATION:

https://www.eventbrite.com/e/st-vincent-depaul-community-pharmacy-poor-mans-run-registration-82565831625?aff=er_elexpmlt Sign-up as an individual or create a team (team registration ONLINE ONLY)! Open until **01/31/20 at 5 PM.**

COURSE: 5K run and 1-mile fun run starting at the pharmacy school, extending into nearby neighborhoods.

WATER STATIONS: 2 water stations located at mile marker 1 and mile marker 2.

PACKETS: 5K participants who sign up before January 18th will receive a short sleeve shirt. 1-mile fun run participants will receive a shirt with an additional \$5 fee.

PACKET PICK-UP: Friday, January 31st, from 5-7 PM or Saturday, February 1st, from 7:00-7:45 AM at the ULM College of Pharmacy.

RACE DAY REGISTRATION: 7:00-7:45 AM for both the 1-mile and 5K run

POST RACE REFRESHMENTS: Water/refreshments will be provided for finishers. A free, complementary health fair will be present!

AWARD CEREMONY (5K ONLY): Overall top female and male. 1st, 2nd, and 3rd for the following age groups: 0-13, 14-19, 20-29, 30-39, 40-49, 50-59, 60-69, and 70+. Awards for 1st, 2nd, and 3rd largest teams regardless of participation in 5K or 1-Mile Fun Run.

VOLUNTEERS: Volunteers are ALWAYS WELCOME!

MORE INFORMATION: www.ovrrc.com or contact Chelcie Bonin at lemaircm@warhawks.ulm.edu.

*****detach here*****

REGISTRATION FORM

Name _____ Age on 1/20/18 _____ Sex _____ Phone _____ Email _____

Address _____ City _____ State _____ ZIP _____

Race Distance (circle one): **1-mile 5K** T-shirt size (circle one): **S M L XL XXL**

Checks payable to: **Pharmacy Council**

Mail to: **1800 Bienville Dr ATTN: Pharmacy Council, Monroe, LA 71201**

RELEASE OF RESPONSIBILITY

In consideration of my being admitted to run the St. Vincent DePaul Community Pharmacy: Poor Man's Run, I for myself, my heirs and assigns, executors, and administrators, do hereby release and discharge the ULM School of Pharmacy, Hannah Daniel, the Ouachita Valley Road Runners Club, their employees and their agents, of and from any and all claims of demands for damages of liability in any manner arising out of my participation in said event. I agree to follow all rules and to permit myself to be removed from competition if, in the opinion of the race administrators, my competing would endanger my health or the health of others. I certify that I am in good health and that I am prepared to compete in this event. I understand that some roads may be open to traffic.

Signature _____ Date _____ (Parent or guardian if participant is under 18 years of age)