

# GASPING FOR AIR RUN

## 5K FUN RUN/WALK

Proceeds will be used to send children with asthma to Montana YMCA asthma camp in the summer of 2010!

- **Date: April 18th 2010**
- **Time: 11:00am**
- **Pre-register by: April 9th**

### Entry Fees:

Adult: \$15  
youth (12 and under): \$13  
without T-shirt: \$10  
Late registration, all: \$15  
(April 9th-April 18th)

\*\*T-shirt not guaranteed w/ late registration!!\*\*

For more information or to register call Marisa Schneider at (208) 651-0269 or e-mail at marisaschneider1@gmail.com



### RACE DIVISIONS:

- MEN'S 5K RUN
- WOMEN'S 5K RUN
- YOUTH BOY'S 5K RUN
- YOUTH GIRL'S 5K RUN

### **Race Awards & Door prizes!**

**Course:** Southside River Trail race will begin at the footbridge near the UM Campus and will proceed down the Southside River Trail (Kim Williams Trail) for 1.55 miles, then loop back to the starting point. Pets are welcome but must remain on a leash at all times.

Asthma education will be made available by faculty and pharmacy students during the race, please bring us questions!

Sponsored by:  
American Pharmacist's  
Association-Academy  
of Student Pharmacists

**Liability Waiver:** I have voluntarily enrolled myself and/or my children in the above said run. I know that running/walking in a race is a potentially hazardous activity. I understand there is a certain element of risk and potential hazards to body and limbs, and death could result. I hereby affirm that I am in good physical condition, properly trained and do not suffer from any disability that would prevent my participation. I further agree to hold harmless all agencies and sponsors of the event. I have read the above warning and agree to participate willingly.

Mail form and entry fee to:

Skaggs School of Pharmacy  
attn: ASP-Marisa Schneider  
340 Skaggs Building  
Missoula, MT 59812-1512

phone: 208.651.0269  
marisaschneider1@gmail.com

name \_\_\_\_\_

address \_\_\_\_\_

phone \_\_\_\_\_

T-shirt Size: S M L XL

sex: \_\_\_\_\_ Age on race day \_\_\_\_\_

- Please read the above Liability Waiver and sign below to acknowledge understanding of the terms.

Please make checks payable to ASP.

Do you suffer from asthma? yes no

signature \_\_\_\_\_ date \_\_\_\_\_

signature of parent/guardian if under 18 \_\_\_\_\_ date \_\_\_\_\_