



# 5K RUN/WALK SATURDAY APRIL 24, 2010

Welcome to the 6th Annual 5K Run/Walk to raise awareness of Williams Syndrome (Ws) and provide Sophie Gerding with a future needs fund. Sophie has Ws, a rare genetic condition which causes medical and developmental issues. Ws may occur in 1 of every 7,500 births.

Bring your friends and neighbors to show support for Sophie and others with Ws. All you need is a comfortable pair of shoes to run or walk along the beautiful Willamette!

*Sophie Gerding, singing Star Spangled Banner at Sophie's Run 2009.*



## WHEN: April 24, 2010

- 7:30 a.m. Race Day Registration & Check-in
- 8:50 a.m. Registration Closes
- 9:00 a.m. Start 1K Run/Walk for Kids
- 9:30 a.m. Start 5K Run/Walk
- 11:00 a.m. Award Ceremony and Raffle

## WHERE: Willamette Park, Corvallis, Oregon

Will start/finish at the Green Shelter at the park on the riverfront. Possible additional parking at KOA campground approx. 1/8 mile from start, just outside of park entrance to the left off the gravel driveway. **Directions:** Take Highway 99 1.3 miles south out of Corvallis. Turn left on Goodnight and follow to the end of the road.

**TO REGISTER:** Registration cost is \$20. **Pre-Registrations postmarked by April 11th will include a T-shirt.** For groups of 5 or more the registration fee will be \$12.00 each (including a shirt if pre-reg by 4/11), must submit ALL registrations in the group together. All other registrations will be taken on the day of the event and will not include a T-shirt. Send pre-registration form and payment (*MAKE CHECKS PAYABLE TO SOPHIE'S RUN*) to: Amy Smoker (Race Director), 1703 SW Pinehurst Place, Corvallis, OR 97333. *Pre-Registered race packets can be picked up on Friday April 23, from 12noon to 7pm at Amy Smoker's, 1703 SW Pinehurst Place, Corvallis, 97333, or the day of the race, at Willamette Park.*

**AGE CATEGORIES:** For both Male and Female: 12 & under, 13-19, 20-29, 30-39, 40-49, 50-59, 60 & older.

**COURSE:** Scenic, paved bike path along beautiful Willamette river and through some wooded areas and grasslands. Flat to rolling terrain. Two out-and-back sections, first heading North, returning to start/finish area, and then South before again returning to start/finish area.

**PRIZES:** Ribbons for top male and female finisher of each age category.

**1K KIDS FUN RUN:** The 1K run/walk for kids that will start on gravel, follow pavement and finish on the grass field similar to 5K. All finishers will receive a ribbon (no age categories). **Registration: Must preregister by 4/11 \$20 to get a shirt, else \$15 day of race, no shirt.**

**RAFFLE:** Prizes have been donated by local Corvallis businesses. All participants are eligible to win raffle prizes.

**SNACKS:** Post event snacks and beverages will be donated by local Corvallis businesses.

There will be a paramedic on site during the event and the race will be insured through the USATE.

## QUESTIONS?

Contact Amy Smoker at JNSmkr@aol.com, or, 541-753-1550, 541-602-1049  
[www.sophiesrun.com](http://www.sophiesrun.com)

# SOPHIE'S RUN · RAISING WILLIAMS SYNDROME AWARENESS · REGISTRATION FORM

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Name \_\_\_\_\_ Age \_\_\_\_\_ Gender (circle one): Male Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Participating in: 1K 5K (circle one) T-Shirt size (circle one): adult: S M L XL XXL childrens: S M L toddlers: 2T 4T 5/6

Signature of participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or legal guardian, if under 18 \_\_\_\_\_

**WAIVER OF LIABILITY** In consideration of the conditions of this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my family, my heirs, executors, and administrators, forever waive, release, and discharge any and all rights and claims for damages and causes of suitor action, known, or unknown, that I may have against the City of Corvallis, Benton County, race officials, sponsors, and volunteers of this race for any and all injuries suffered by me in this event. I attest that I am physically fit. I am aware of the dangers and precautions that must be taken when running or walking in cold or warm conditions, and have sufficiently trained for completion of this event. I also agree to abide by any decisions of an appointed medical official relative to my ability to safely continue or complete the event. I further assume and will pay my own medical and emergency expenses in the event of an accident, illness, or other incapacity regardless of whether I have authorized such expenses. Further, I hereby grant full permission to Sophie's Run organizers and its agents to use any photographs or videotapes of the event for any legitimate purpose at any time. I HAVE READ THIS WAIVER CAREFULLY, UNDERSTAND IT, AND SUBMIT TO ITS CONDITIONS.



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