



**ACE Physical Therapy & Sports Medicine Institute**

**W&OD 10K**

www.SafetyAndHealthFoundation.org/friends



Safety And Health Foundation

**10K (6.2 mile) Run & Walk**  
**Saturday, August 5 • 6:00 PM**



**W&OD Trail at Old Vienna Station & Caboose**  
 from Ayr Hill to Hunter Mill Road & back in Vienna VA

www.wodfriends.org

Flat and fast course • The DC Area's Only Green Race • In memory of Sally Hamilton (1961-2009)

( 703-927-4833 | [racedirector@att.net](mailto:racedirector@att.net) | 📱

\$1,000 in cash prizes for top 3 M/F • \$250 for 1<sup>st</sup> M/F • \$150 for 2<sup>nd</sup> M/F • \$100 for 3<sup>rd</sup> M/F

Gift certificates and W&OD awards for top 3 in each 10-year age group

- Flat, fast, scenic course
- 3 water / aid stations
- Commemorative t-shirt
- Showcases a lovely park
- The DC area's only **GREEN** race. We recycle, reduce, and reuse everything
- Refreshments by **Whole Foods Market of Vienna, Mario's Pizza House, Great Harvest Bread, and Simone Super Energy**
- Commemorating the 43<sup>rd</sup> anniversary of the opening of W&OD Trail in 1974



- **Friday, August 4, 4:00 PM-6:00 PM** – Late sign-up & packet pick-up at **ACE Physical Therapy & Sports Medicine Institute**, 2841 Hartland Road #401B, Falls Church VA (703-205-1233)
- **Saturday, August 5, 4:00 PM-5:45 PM** – Race-day sign-up & packet pick-up at our **College of the Environment**, Start / finish near the old caboose at **Centennial Park**, 131 Church St NE, Vienna VA  
 Come learn from displays by environmental organizations and sponsors. Bring your **old shoes** for recycling
- **4:00-8:00 PM** – Non-profit organizations can **exhibit for free** at our **College of the Environment**  
 Sponsors of **\$100+** get their name (**\$250+** for logo) on t-shirt & website, plus display and goodie bag inserts  
 . To become a sponsor, call Jay Jacob Wind (703-927-4833) or write [racedirector@att.net](mailto:racedirector@att.net)
- **5:30 PM** – Warm-up led by **ACE Physical Therapy & Sports Medicine Institute**
- **5:55 PM** – National Anthem • **5:59 PM** -- **Baby Stroller Division** – see [www.helmets.org](http://www.helmets.org) for safety rules
- **6:00 PM** – **Friends of the W&OD 10K** • Run / walk • Assisted by **DC Capital Striders**
- **7:00 PM** – **Post-race stretching** by **ACE Physical Therapy & Sports Medicine Institute**
- **7:15 PM** – **Awards presentation** including gift certificates, plantings, and trees

Note: The trail is open to other users, including bicycles. Be courteous to others. On the W&OD Trail, always stay to the right for safety.

**ACE Physical Therapy & Sports Medicine Institute W&OD 10K • REGISTRATION FORM**

Make checks payable to **SHF**, 611 South Ivy Street, Arlington VA 22204

By entering this event, I agree, warrant and covenant as follows: I know that running is a potentially hazardous activity. I should not enter or run this race unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete this race. I assume all risks associated with running in this race including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release ACE Physical Therapy & Sports Medicine Institute, Athleta, Friends of the W&OD Trail, Northern Virginia Regional Park Authority, Safety And Health Foundation, Road Runners Club of America, Town of Vienna Virginia, Fairfax County Virginia, and all sponsors, their directors, officers, employees, agents; representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I acknowledge that the application fee shall be non-refundable. I agree that Safety And Health Foundation may use my name and likeness for publicity purposes.

Signature \_\_\_\_\_ (parent or guardian if under 18)

Name \_\_\_\_\_ Gender (M F)  Age as of 8/5/2017    
 Address \_\_\_\_\_ Birthdate \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ (mm-dd-yyyy)  
 City ST ZIP \_\_\_\_\_ Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_ T-shirt (S M L X)  Baby Stroller?

Enclosed is my entry fee: **Non-members** Members of **FoWOD, MCC, or MMP**, or Customers of **ACE-PT**  
 \$25 by June 30  \$15 by July 30  
 \$30 by Friday, August 4  \$20 by Friday, August 4  
 \$40 on Saturday, August 5, at packet pickup  \$30 on Saturday, August 5, at packet pickup  
 Enclosed is a tax-deductible donation of \$\_\_\_\_\_ to  **SHF**,  **Friends of the W&OD Trail**, or  **Green University LLC**



Customers of **ACE Physical Therapy and Sports Medicine Institute** Help your office win the award for most participants!

\$20 by August 4  \$30 on August 5  Alexandria  Arlington  Fairfax  Falls Church  Herndon  Leesburg  Tysons

I want to be an exhibitor or sponsor. Please contact me at : \_\_\_\_\_  
 I want to join **Friends of the W&OD Trail**  \$20 me  \$30 Family  \$50 Contributor  \$75 Sponsor (payable to **FOWOD**)