



ACE Physical Therapy & Sports Medicine Institute

Roosevelt Run 5K

Thursday, August 30, 2018, 6:45 PM




Trailhead of Mount Vernon Trail at Key Bridge
Across from Gateway Park in Rosslyn
GPS address: 1201 Lee Highway, Arlington VA 22209
Run along the Potomac River



☎ 703-927-4833 📄 On-line at www.safetyandhealthfoundation.org/roosevelt

- Awards to top 3 overall and age group winners (M/F)
- Downhill, then flat and scenic
- One water/aid station – You pass it twice
- Showcases Potomac River
- Follows Mount Vernon Trail from Rosslyn to Memorial Bridge and back
- Includes post-race refreshments and awards
- Benefits Safety And Health Foundation's educational programs
- Low-key event
- Park in Rosslyn or Georgetown; course is a short walk from the Rosslyn Metro station on the Blue/Orange Line
- Run past Theodore Roosevelt Island and Franklin Roosevelt Memorial in West Potomac Park on other side of the river
- Limited to the first 100 entrants

- **6:00 – 6:30 PM – Packet pickup**
 - We use bib numbers with name tags at the bottom (the old-fashioned method) so please wear your bib number visibly on the front of your shirt and don't remove the name tag
 - Our race is small, but we want you to have a nice souvenir -- a bright green cinch bag from 
- **6:45 PM – Roosevelt Run 5K**
 - Start at north trailhead of Mount Vernon Trail, at the Rosslyn end of Key Bridge, on the east (DC) side
 - Look for a small green sign that says **MOUNT VERNON TRAIL →**
 - Run out'n'back on Mount Vernon Trail, down ramp over George Washington Memorial Parkway, past Theodore Roosevelt Island, over the boardwalk, alongside Potomac River, under Memorial Bridge, almost to Navy-Marine Memorial with the seagulls, north of 14th Street Bridge Turnaround there
 - Much of the trail is in sight of West Potomac Park, site of Franklin Delano Roosevelt Memorial and Martin Luther King Memorial
 - On Mount Vernon Trail, always stay to the right for safety.
 - The trail is open to other users, including bicycles. Be courteous to other trail users
- **7:45 PM – Results and awards**
 - Refreshments when you finish – results and awards on-site post-race

ACE Physical Therapy & Sports Medicine Institute - Roosevelt Run 5K • REGISTRATION FORM

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

Name _____ Gender (M F) [] [] Age as of 08/30/2018 [__ __]

Address _____ Birthdate ____ - ____ - _____ (mm-dd-yyyy)

City ST ZIP _____ Phone _____ - _____ - _____

E-mail _____ T-shirt size (S M L XL) []

Enclosed is my entry fee:

\$26 by August 20 \$30 by August 28 \$40 by August 30

Enclosed is an additional tax-deductible donation of \$_____ to [] SHF

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 in club activities 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 the run. 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 Safety and Health Foundation, ACE Physical Therapy & Sports Medicine Institute, LLC, Arlington County Virginia, National Park Service, Road Runners Club of America, USATF, 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 the sponsors of this event may use my name and likeness for publicity purposes.

Signature _____ (parent or guardian, if under 18) Date _____