



## REHAB 5K RUN, WALK & ROLL and Residency Program Challenge

We hope you will take part in and support the Foundation for Physical Medicine & Rehabilitation's 2025 Rehab 5K Run/Walk & Roll, in conjunction with the AAPM&R Annual Assembly. Participants can join either in-person Memory Grove Park in Salt Lake City at 6:30 AM on Friday, October 24, or virtually any time between Oct. 18-24. (If you are participating virtually, simply complete a 5k run/walk any time during the week and submit your time to [panderson@foundationforpmr.org](mailto:panderson@foundationforpmr.org) by noon EST on Friday. You may want to use an app like MapMyRun to make sure you have the correct distance.) This is a fundraising event; all monies collected will be used to support the Foundation's physiatric programs in research and education.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex ☐ M ☐ F

E-mail \_\_\_\_\_

**Are you on a Residency Program Challenge team?** If so, name institution \_\_\_\_\_

**How will you participate?** ☐ In person ☐ Virtually

Please enclose \$25 registration fee. **\*Optional:** I am also enclosing a donation to the Foundation for Physical Medicine and Rehabilitation in the amount of \$\_\_\_\_\_

☐ Check here if you are a Resident

☐ My check is enclosed ☐ Please charge my \_\_\_\_ Visa \_\_\_\_ MasterCard \_\_\_\_ AmEx

Card number \_\_\_\_\_ Exp. date \_\_\_\_\_

Security code \_\_\_\_\_

*\* This event is a fundraiser for the Foundation for Physical Medicine and Rehabilitation, a nonprofit organization supporting medical research. We encourage participants to seek additional support of their efforts from friends and family. via a Facebook fundraiser; visit <https://www.facebook.com/fund/FoundationforPMR/>. All contributions are tax deductible as charitable donations; you will receive an acknowledgment letter for tax purposes. If you are interested in corporate sponsorship opportunities, contact Phyllis Anderson at [panderson@foundationforpmr.org](mailto:panderson@foundationforpmr.org). Thank you for your help!*

### **Waiver (must be signed):**

I hereby release the Foundation for Physical Medicine and Rehabilitation, the City of Salt Lake and all government and municipal agencies whose property and/or personnel are involved, and other co-sponsoring company(ies) or individual(s) from responsibility from any injuries or damages I may suffer as a result of my participation in the Rehab Run/Walk & Roll. I hereby certify that I am in good condition and am able to safely compete in this event. As a participating athlete I certify that all information provided in this form is true and complete. I have read the entry information provided for the event and certify my compliance by signature below.

Signature \_\_\_\_\_ Date \_\_\_\_\_