



# Heel to Heal 1 Mile Walk/Run

**When:** Saturday, August 16, 2014  
Race Start: 7:10 a.m.

**Packet pick-up:** HTWF vendor table  
August 14-15th

**Where:** Busse Park  
A short 3/4 mile shuttle provided to the scenic park trail

**To register:**  
Register online: [www.HealToHeal.com](http://www.HealToHeal.com)  
Mail checks payable to HTWF to:  
Nancy Lavergne, 8219 Sweet Briar Ct, Liberty Twp., Ohio 45044

**Cost:** \$25 Early Bird ends 7-14-14  
(To be guaranteed a T-shirt)  
\$30 after 7-15-14  
\$25 T-shirt only (mailed)  
\$20 T-shirt (pick up at conference)

*Proceeds fund Healing Touch research, service, and education initiatives, Spreading Healing Touch Worldwide, One Step at A Time!*

- ❖ **Awesome Technical T-Shirt** included for preregistration by July 14th
- ❖ **\$100 Prize** for Most Pledges and Prize for Most Money Raised
- ❖ **Awards:** Medals for the first 50 people to cross the finish line

## Heel to Heal 1 Mile Walk/Run Entry form

Name: \_\_\_\_\_ Registration Amount \$ \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Tel. \_\_\_\_\_

**Age** (as of May 15, 2014) \_\_\_\_\_ **Sex:** Female or Male **Race choice:** Run \_\_\_\_ or Walk \_\_\_\_

**Male or Female T-Shirt size:** \_\_\_\_ Small \_\_\_\_ Medium \_\_\_\_ Large \_\_\_\_ X-Large \_\_\_\_ Men's XX-Large

Waiver/release: (must be signed by participant): In consideration of the acceptance of my entry, I for myself, my executors, administrators, and assignees, do release and discharge The Healing Touch Worldwide Foundation, their officials, volunteers, members, and sponsors, from any and all claims, damages, demands, or causes of action whatsoever in any manner directly or indirectly arising out of or related to my participation in the said Heel to Heal 1 mile event. I understand the risk involved in such a walk/run, and that I am physically fit and have trained adequately in preparation. I also give The Healing Touch Worldwide Foundation permission to use any photographs, video or other recordings of me that are made during the course of this event.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent Signature (If entrant is under 18 years of age) \_\_\_\_\_

Emergency Contact name \_\_\_\_\_ Phone Number \_\_\_\_\_