



FIRST ANNUAL

RAINBOW RUN

2010

OCTOBER 11, 2010

IN CELEBRATION OF
NATIONAL COMING OUT DAY

LATE REGISTRATION: **7:30 a.m. - 8:45 a.m.**

RACE TIME: **9:00 a.m.**

WINDSOR RIVERFRONT

RIVERSIDE AND OUELLETTE

TOTAL DISTANCE

5K

RUN/WALK

- **RUN / WALK**
- **CASH PRIZES**
- **1ST CLASS VIA RAIL PRIZES**
 - **COSTUME CONTEST**
 - **ALL AGES WELCOME**

For more information, visit
www.RainbowRunWindsor.com

Benefitting:



RACE INFORMATION

AGE GROUPS

16 and Under Male; 16 and under Female; Adult Male; Adult Female

AWARDS

Best Costume: 1st Class VIA Rail Tickets

First Place Male: \$100

First Place Female: \$100

First Place Male Youth: HVM Gift Certificate

First Place Female Youth: HVM Gift Certificate



HOW TO REGISTER:

Option 1: Register online at rainbowrunwindsor.com

Option 2: Register by mailing your entry and cheque (made payable to Windsor Regional Hospital Foundation) to:

Windsor Regional Hospital Foundation

1995 Lens Avenue

Windsor, ON N8W 1L9

Option 3: Register in-person on Race Day.

RACE KIT PICKUP:

Saturday, October 9, 2010

10 a.m. - Noon Windsor Regional Hospital

Met Campus Lobby, 1995 Lens Ave., Windsor

Monday, October 11, 2010

7:30 - 8:50 a.m. Windsor Waterfront - Riverside Drive & Ouellette

OFFICIAL ENTRY RAINBOW RUN 2010

LAST NAME _____

FIRST NAME _____

ADDRESS _____

CITY _____ PROV _____ POSTAL CODE _____

PHONE _____

EMAIL _____

BIRTH DATE (MM/DD/YY) ____/____/____ AGE ON RACE DAY _____

ARE YOU RUNNING OR WALKING? RUNNING WALKING

MALE FEMALE

REGISTRATION FEE

Early (before October 6) \$25

WRACE Members \$22

Late (after October 6) \$30

Youth (16 & under) \$10

PAYMENT METHOD

CASH

CHEQUE

VISA

MASTERCARD

CARD NUMBER _____

EXPIRATION DATE (MM/YY) ____/____

SIGNATURE _____

PARTICIPANT/GUARDIAN'S SIGNATURE

Waiver: In consideration of your acceptance of this entry, I, for myself, my heirs, executors, administrators and assigns, hereby waive, release and discharge any and all claims against W.R.A.C.E., Windsor Regional Hospital, Rainbow Run, Windsor Pride, event sponsors, event volunteers and their officers, directors, agents, successors, and/or assigns for any and all injuries suffered by me at this event. I attest that I am physically fit and sufficiently trained for competition in this event. I hereby grant permission for the free use of my name and picture in any broadcast, brochure or account of this program.

FOR OFFICE USE ONLY: Bib# _____ and W.R.A.C.E. ID# _____