

Special Thanks To
Our Past Supporters

In the past the following companies have participated as individuals in the race, or made a monetary or product contribution:

2005 Race Sponsors & Contributors

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DC Department of Mental Health
Community Services Agency
Office of Community Collaboration and Education
1250 U Street, NW
Washington, DC 20009

13th Annual

Race For Mental Health

CERTIFIED 5K RUN / 1-MILE WALK

**To Benefit Persons With
Differing Abilities**

Saturday, October 21, 2006

**Rock Creek 5K Course
16th and Kennedy Streets, NW
Washington, DC**

REGISTRATION FORM INSIDE

Sponsored by:
**Mental Health Advisory Board Collaborative, a supporter
and advocate of the DC Community Services Agency of
the DC Department of Mental Health.**



**DC Department of Mental Health
Stephen T. Baron, Director**



The Mental Health Advisory Board Collaborative has advocated for persons with differing abilities for over a decade; and as

part of this advocacy, board members organize various fundraising events from which the proceeds help to support therapeutic programs and educational projects for hundreds of individuals and their families receiving mental health services from the DC Department of Mental Health Community Services Agency. Join us on Saturday, October 21, 2006, for competition, fun and prizes!

- Generous prizes
- Gift certificates
- Trophies
- Tee shirts
- Food
- Fun
- Entertainment

Now you can register on line. Go to: www.active.com

Date: Saturday, October 21, 2006

*Time: 9:00 am 1-mile walk
9:05 am 5-K Run

Place: Fitzgerald Tennis Center (Rock Creek Course)
- (one huge hill, fast, and scenic)
16th and Kennedy Streets, NW
Washington, DC

Entry Fees & Registration - Pre-registration is highly encouraged

5K Run: \$20.00 by 10/13/06; \$25.00 thereafter

1-Mile Walk: \$12.00 by 10/13/06; \$15.00 thereafter

v Make check payable to: NCMHC Advisory Board.

v Mail completed registration, with payment to:

Attn: Leatrice Worsley
DC DMH, CSA
1250 U Street, NW
Washington, DC 20009

v Or register online at:

www.active.com

(add \$3 entry fee for online processing)

Pickup race packet day of race 8:00 am—8:45 am



Free T-shirts to
the first 100
people to
register!

Registration Form

Racer's Name _____
First Last

Address _____

City _____ State _____ Zip _____

Home Phone _____ Office Phone _____

Email address _____

Gender: M__ F__ Age __ Birth date _____
Month Day Year

Circle T-Shirt Size (Adult) S M L XL XXL

Please check one I would like to participate in the 5K Run
 I would like to participate in 1-mile Walk
 I am a wheelchair participant

Make checks payable to: NCMHC Advisory Board

Read waiver, sign, detach and mail this page before September 29, 2006 to:
Attn: Leatrice Worsley, DC DMH, CSA, 1250 U Street, NW Washington, DC 20009.

WAIVER

I know that a road race is a potentially hazardous activity and I should not do this event unless I am medically able and properly trained. I agree to assume all risks associated with participating in this event. I consent to receive and pay for treatment in the event of my injury and/or illness, and will be liable to reimburse the cost of any treatment. Having read this and knowing these facts and in consideration of your acceptance of my entry, hereby, for myself and anyone entitled to act on my behalf, waive and release any and all rights and claims I may have as a result of this event against its sponsors, their representatives, successors and assigns, event volunteers, (collectively "the Sponsors"), the District of Columbia and the United States of America. I further agree to defend, indemnify and hold harmless the Sponsors, the District of Columbia and the United States of America from any such claims. I also agree to abide by any decision of a race official. I grant permission to use any photographs, motion pictures, or any other record of this event or my participation in it.

Signature _____ Date _____

Signature of Parent/Guardian if under 18 _____ Date _____

I cannot participate in Race 2006 but would like to make a donation of \$_____.