

# Rite Aid 3rd Annual 5k Run and 1 Mile Family Fun Walk

Proceeds to Benefit  
United Way



Date: Sunday August 16th,  
2009  
Time: 8:00 AM



### Entry Fees:

**\$ 25.00 Runners and Walkers**  
T-shirt guaranteed to the first 100 paid registrants (Runners and Walkers)  
Goody bag  
Kids under 14 received free registration

Flat and fast In and out course. Start and finish at Rite Aid Mid Atlantic Customer Support Center.

For more information:

Nelly Budrow (410) 297-5118 or 6043  
[nbudrow@riteaid.com](mailto:nbudrow@riteaid.com)  
Chris Budrow (410) 297-5150-5141 after 7:00 pm  
Or visit [www.rasac.com](http://www.rasac.com)

Volunteers will received a T-shirt, goody bag and prize

### Timing and Scoring by RASAC

## Prizes

### Runners Only:

#### For Over-all Male and Female:

1st Place - \$ 250 Rite Aid Store Cash Card  
2nd Place - \$ 150 Rite Aid Store Cash Card  
3rd Place - \$ 75 Rite Aid Cash Card  
Trophies to the First, Second and Third place Male and Female runners in the following age groups: 14-19, 20-29, 30-39, 40-49, 50-59, 60-69

### Rite Aid Employees Runners Only

**For Over-all:** 1st Place - \$ 150 Rite Aid Store Cash Card  
2nd Place - \$ 100 Rite Aid Store Cash Card  
3rd Place - \$ 50 Rite Aid Store Cash Card

Sponsorship **\$350.00**  
(by July 3rd to get your logo on the shirts and 2 free registrations)

Sponsored By:



### Registration Form:

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

Address: \_\_\_\_\_ Please check One:  
I will participating:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  Run

Mail registration form to: 601 Chelsea Rd. Rite Aid Mid Atlantic Distribution Center Perryman MD, 21130 Att: 5k Run  Walk  
Make check payable to: Rite Aid Mid Atlantic Distribution Center Att: 5k Run

**Waiver:** In consideration of the acceptance of my entry, I for myself, my executors, administrators, and assignors, do hereby release and discharge Rite Aid Corporation, RASAC, and Harford County; all sponsors and staff of all claims of damages, demands and actions whatsoever in any manner arising out of my participation in this event. I attest that I have full knowledge of this risk involved in this event and I am physically fit and sufficiently trained to participate in this event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Age Race Day: \_\_\_\_\_

Parent/Guardian(if participant under 18): \_\_\_\_\_ Date: \_\_\_\_\_ Gender: \_\_\_\_\_

T-Shirt Size:  Sm  Med  
 L  XL  XXL