



Come enhance Novi's health at the third annual Emergency Run! In addition to a 5K run, the event will include a one-mile stroke walk and HealthFest offering enjoyment and education for all ages!

**Location:** Providence Park Hospital Campus, Grand River Avenue & Beck Road (south of I-96, Beck Road exit 160)

**Course:** The 5K course is a unique concrete course exclusively on Providence Park's campus, with the one-mile walk on an asphalt and grass pathway throughout the campus. The course will have aid stations and mile splits.

**Amenities:** Dri-fit t-shirts for all pre-registered participants. Awards will be presented in several age categories, with all participating children receiving a medal. Health & wellness displays, refreshments, kids activities and more!

**Entry Fee (pre-registration is on or before May 9, 2012):**

5K Run pre-registration - \$28 (Day of - \$35)

One-Mile Stroke Walk pre-registration - \$12 (Day of - \$15)

Children 8 and under are free — no t-shirts.

*All proceeds from the Emergency Run will continue to benefit health and safety initiatives in the Novi community.*

*Proud partners in the Emergency Run.*



PROVIDENCE PARK HOSPITAL

**Saturday, May 12, 2012**

**Providence Park Hospital  
Campus**

**Grand River Avenue & Beck Road  
Novi, MI**

**8 a.m. — Registration &  
HealthFest (Fun for all!)**

**9 a.m. — 5K Race / 1-mile walk**

**Register online at  
NoviEmergencyRun.org**

Register online:

**NoviEmergencyRun.org**

Or, send entry forms and fees, and make checks payable to:

**City of Novi Community Relations  
45175 W. Ten Mile Road  
Novi, MI 48375**

Additional contact information:

**Robin Working  
248.347.0416  
rworking@cityofnovi.org**

**The Emergency Run 5K Race/1 Mile Walk  
Registration Form**

Circle Event:    5K Run                      1-Mile Fun Walk

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

T-Shirt Size (circle one):    S            M            L            XL            XXL

I hereby certify that I am adequately fit to run in this race and/or participate in the walk. In consideration or the acceptance of this entry, I, the undersigned, for myself, my personal representative, beneficiaries, and heirs, knowingly waive, release, and discharge any and all rights and claims which I have or may have hereafter accrue to me or my estate against the City of Novi, Providence Park Hospital, Running Fit and/or any other sponsors, organizers and volunteers and assign for any and all injuries or death suffered by me in this event. I will also allow my picture to be used in publication as a result of this race.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*(A parent or legal guardian must sign for all participants under the age of 18)*