



16th Annual Highbar Physical Therapy Women's Classic 5K Run and 3K Walk

**A celebration of women, our health, and all that we do! Open to women of all ages and abilities,
from the slowest walkers to the fastest runners – *all are welcome!***

When: **October 13, 2024, 10:00 am**
Women Only 5K Run and 3K Walk
Women's Wellness Fair from 9:00 am – 12:00 pm

Where: Certified, flat and fast 5K (3.1 miles) and 3K (1.8 miles) courses from the Brown University Stadium, through the scenic and historic East Side of Providence

Registration: Opens at 8:00 am at 400 Elmgrove Ave., Providence, RI 02906
\$30 before Sept. 28, \$32 Sept. 28 – Oct. 10, \$35 after Oct. 10 (in-person only)
\$10 for elementary, high school, and college students

Teams: Teams to consist of three or more women. Cash to top three teams. NOTE: High school teams not eligible for team awards.

Awards: Cash and/or merchandise to top five overall 5K finishers and to top five in each age group. All entrants eligible for raffle prizes.

100% of race proceeds support the Ronald McDonald House, a home-away-from-home for families of hospitalized children. More info at <https://rmhprovidenceclassic.org/>

16th Annual RMHCNE Women's Classic

Mail form to: RMHCNE Women's Classic, Attn. Bob Rothenberg, 45 Gay St., Providence, RI 02905.

Check payable to: **RMHCNE**

Name _____ Age on race day _____
Address _____ Phone _____
City _____ State _____ Zip _____
Team Name: (if applicable): _____ Emergency Contact _____
T-shirt size: S M L XL Gender: ___ Female___ Non-binary
E-mail _____ Please circle one: **5k Run** **3K Walk**

I would like to make an additional donation to the Ronald McDonald House \$ _____

Waiver and Release: I hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the Ronald McDonald House Charities of New England and any member, coordinating group and any individuals associated with the event. I attest that I am physically fit to compete in the event. I attest that I am up to date with my COVID-19 vaccines. Further, I hereby grant full permission to any and all of the foregoing to use my photographs, video tapes, motion pictures, recording, or any other record of this event for any legitimate purpose.

Signature/signature of parent or guardian if under 18

Date