

# Walk for a Nurse



**Location:** Mattson Lower Harbor Park • Marquette

**Date:** Saturday • May 8, 2004

**The Start:** Please arrive by 8:30am to register  
Event begins at 9:00am  
All **paid** entrants receive a T-shirt

*In cooperation with*  
Michigan Health Council  
Michigan Center for Nursing  
MNA - Registered Nurse Staff Council  
Marquette General Health System

## Pre-Registration:

Adult - \$20	_____ x \$20	\$ _____
Students (12 to 18 years old)	_____ x \$15	\$ _____
Children (under 12 years old)	FREE	
Additional T-shirts available	_____ x \$7	\$ _____
Total Amount Enclosed		\$ _____

**Payment method:** check or money order - payable to MGHS

Name(s): \_\_\_\_\_

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

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

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

Age(s) on Day of Race: \_\_\_\_\_ Shirt Size: S M L XL (circle)

**Mail to:** Laurie Neldberg-Weesen, RN  
Director, Upper Michigan Neuroscience Center  
Marquette General Hospital  
580 W. College Avenue • Marquette, MI 49855

For more information, call Laurie Neldberg-Weesen, RN, at 906-225-3251 or 1-800-562-9753 ext. 3251.

Waiver Release: I hereby certify the following: (1) I am physically fit and have received medical clearance to participate in the Walk for a Nurse. (2) In consideration for my application to participate in the Walk for a Nurse being accepted, I, on behalf of myself, my heirs and assigns, and my estate, hereby waive and forever discharge the sponsors, organizers, affiliates, participating groups and persons officially connected with this event as well as their agents and employees from any and all claims that may accrue as the result of my participation. (3) I hereby grant the Walk for a Nurse specific permission to reproduce, publish, circulate, copyright or otherwise use any all photographs and/or videotape of me and/or my family, taken at the Walk for a Nurse, for use by the Michigan Health Council and Marquette General Health System. In the event the Walk for a Nurse is cancelled due to weather, there will be no refunds.

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

(Parents must also sign if entrant is under 18) \_\_\_\_\_