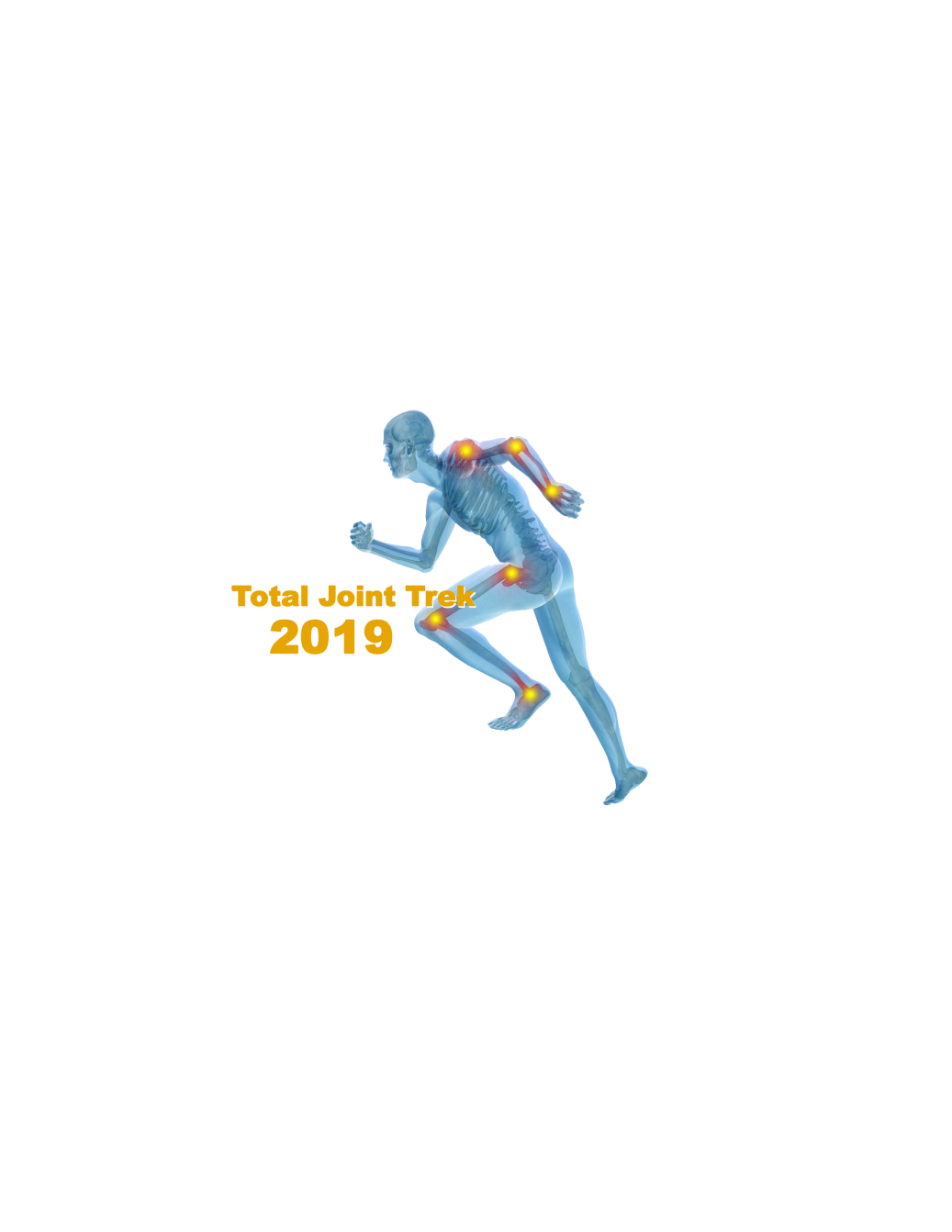
**Evansville’s Original Total**

**Joint Replacement Walk**

**Join us for the 3rd annual Total Joint Trek! Joint replacement patients will walk for FREE! There will be three course options for our Trekkers – 2 miles, 1 mile or .5 mile. Total Joint Trek is a great way to get out and support others who have a common background while working towards improving yourself!**

**The walk will take place along the Warrick Wellness Trail. Trekkers should meet at the Ascension St. Vincent Orthopedic Hospital between 7:15-7:45AM to check-in before the walk.**

**PLEASE PRINT CLEARLY**

**Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_ Zip/Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Birthday (month/day/year) \_\_\_\_\_\_\_\_\_\_\_\_\_ Sex (M/F) \_\_\_\_\_\_ Age (on race day) \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone Number (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**T-Shirt Size Circle a size (for ordering purposes only, shirt size not guaranteed) XS S M L XL XXL**

**Total Joint Replaced (Circle one/all): Knee/Hip/Shoulder/Ankle/Other Physician Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participants:**

**Joint Replacement Patient** **FREE­­­ Number of Family & Friends ($10 each) \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Drop off forms & money made payable to ProRehab (with “Total Joint Trek” in the memo) to any Tri-State Orthopaedics/ProRehab offices or mail to: 415 Crosslake Drive, Evansville, IN 47715.**

**WAIVER - I know that running or walking a road race is a potentially hazardous activity. I should not participate unless I am medically able and properly trained. I also know that, running this event including but not limited to falls, contact with other participants, the effects of the weather including high heat and/or humidity, and the condition of the roads, all such risks being known and appreciated by me. Knowing these facts, and in consideration of your accepting my entry, I hereby for myself, my heirs, executors, administrators or any-one else who might claim in my behalf, covenant not to sue, and waive, release and discharge the ProRehab, Tri-State Orthopaedics, Ascension St. Vincent Orthopedic Hospital, all sponsors, the State of Indiana, City of Evansville, or in the course of my participation in this event. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. The undersigned further grants full permission to ProRehab, Tri-State Orthopaedics, Ascension St. Vincent Orthopedic Hospital all sponsors and/or agents authorized by them, to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose.**

**Participant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**