Evansville's Original Total Joint Replacement Walk

Join us for the second 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 at Wesselman Park. Trekkers should meet at the West Shelter 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 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, 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, 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 _____