

# Making an **IMPACT**

# **IMPACT 5K**

## Twilight Run/Walk

**START**

Welcome to the Tallahassee Orthopedic Clinic Foundation's *First Annual IMPACT 5k*. Held at the Tallahassee Community College, the 5K run will take runners/walkers through portions of the beautiful TCC campus and include a fun filled evening with fellowship and awards. These events are in an effort to raise awareness on the subject of concussions including the ImpACT Concussion Management Program, assessment tools and advancements in treatment & management. Proceeds will support the Tallahassee Orthopedic Clinic Foundation in an effort to improve Concussion Management Programs and continue a commitment to research, education, outreach, and prevention of orthopedic and neurologic disorders.

### Where

Tallahassee Community College  
444 Appleyard Drive  
Tallahassee, Florida 32304

### When

Friday, April 22, 2011  
Registration: 4:30 p.m. - 5:30 p.m.  
1 Mile Fun Run/Walk 6:00 p.m.  
5K Race begins 6:30 p.m.

### Who

Open to the Public!  
IMPACT 5K – fee to participate (see registration form)

### More Information

Visit [www.TLHOC.com/FOUNDATION](http://www.TLHOC.com/FOUNDATION)  
Become a Fan of TOC by joining our Facebook Fan Page  
Visit [www.GulfWinds.com](http://www.GulfWinds.com)



**FINISH**



Contact Davy Young @ 850.556.4141 or [Davy.Young@tlhoc.com](mailto:Davy.Young@tlhoc.com) or  
April Jacobson @ 850.219.1932 x 3386 or [April.Jacobson@tlhoc.com](mailto:April.Jacobson@tlhoc.com)



Event Location:  
Tallahassee Community  
College Campus

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### Sponsorship Opportunities

<b>Presenting Sponsor</b>	<b>(only 1 available)</b>	<b>\$2,500</b>
<ul style="list-style-type: none"><li>• Sponsor Booth in premium location</li><li>• Company banner or signage* at race start &amp; finish line</li><li>• Company name/logo on race t-shirts and registration forms</li><li>• Company name/logo on all promotional material</li><li>• Company name/logo on TOC Foundation website and TOC Patient Newsletter</li><li>• Ten race registrations and t-shirts</li><li>• Mention at Awards Ceremony</li></ul>		
<b>Food &amp; Water Station Sponsor</b>	<b>(only 3 available)</b>	<b>\$1,000</b>
<ul style="list-style-type: none"><li>• Sponsor Booth</li><li>• Company banner or signage* at water station and food areas</li><li>• Company name/logo on race t-shirts and registration forms</li><li>• Company name/logo on all promotional material</li><li>• Six race registrations and t-shirts</li><li>• Mention at Awards Ceremony</li></ul>		
<b>Premium Sponsor</b>	<b>(only 6 available)</b>	<b>\$750</b>
<ul style="list-style-type: none"><li>• Sponsor Booth</li><li>• Company name/logo on all advertising/media material</li><li>• Company name/logo on race t-shirts and registration forms</li><li>• Four race registrations and t-shirts</li><li>• Mention at Awards Ceremony</li></ul>		
<b>Race Route Sponsor</b>		<b>\$500</b>
<ul style="list-style-type: none"><li>• Sponsor Booth</li><li>• Company name/logo on signage* on the race route</li><li>• Company name/logo on race t-shirts</li><li>• Mention at Awards Ceremony</li></ul>		
<b>Corporate Table Sponsor</b>		<b>\$200</b>
<ul style="list-style-type: none"><li>• Sponsor Booth</li><li>• Mention at Awards Ceremony</li></ul>		

\*Banner or signage to be provided by company.

For questions regarding sponsorship, contact:  
Davy Young @ 850.556.4141 or Davy.Young@tlhoc.com or  
April Jacobson @ 850.219.1932 x 3386 or April.Jacobson@tlhoc.com



START

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### Sponsorship Form

**Deadline: April 8, 2011**

*Checks postmarked April 1*

Yes, I would like to be a sponsor for the "2011 IMPACT 5K Twilight Run/Walk". I am happy to contribute the following amount \$\_\_\_\_\_. The Tallahassee Orthopedic Clinic Foundation, Inc. is a 501(c)(3) and as such, all contributions are tax deductible.

START

Company: \_\_\_\_\_

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

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

City: \_\_\_\_\_

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

Email: \_\_\_\_\_

### Sponsorship Levels

- Presenting Sponsor \$2,500
  - Food and Water Station Sponsor \$1,000
  - Premium Sponsor \$750
  - Race Route Sponsor \$500
  - Corporate Table Sponsor \$200
  - Donation or In-Kind Contribution
- \_\_\_\_\_

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Please check the appropriate level of participation above and mail payment to:

TOC Foundation, Inc.  
Attn: April Jacobson  
3334 Capital Medical Blvd., Ste. 400  
Tallahassee, Florida 32308

Please make checks payable to: ***Tallahassee Orthopedic Clinic Foundation, Inc.***



For questions regarding sponsorship, contact  
Davy Young @ 850.556.4141 or Davy.Young@tlhoc.com or  
April Jacobson @ 850.219.1932 x 3386 or April.Jacobson@tlhoc.com

**April 22**  
**6:00 p.m.**  
**Registration: 4:30 p.m.**  
TCC, 444 Appleyard Drive,  
Tallahassee, FL 32304

# IMPACT 5K

## Twilight Run/Walk



### ENTRY INFORMATION

All forms **MUST** be accompanied by payment.

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

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

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

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

Shirt Size (check one):     Small                     Medium                     Large                     XLarge                     XXLarge

Age: \_\_\_\_\_ (day of race)                     Male                     Female

START

#### Pre-Registration Fees (On or Before April 21)

- 5K w/T-Shirt - **Adults:** \$15.00
- 5K NO T-Shirt - **Adults:** \$12.00
- 5K w/T-Shirt - **Students:** \$10.00
- 5K NO T-Shirt - **Students:** \$8.00
- 1 Mile Fun Run/Walk w/T-Shirt: \$10.00
- 1 Mile Fun Run/Walk NO T-Shirt: \$8.00

#### Race Day Registration Fees (Day of April 22)

- 5K w/T-Shirt - **Adults:** \$20.00
- 5K NO T-Shirt - **Adults:** \$15.00
- 5K w/T-Shirt - **Students:** \$12.00
- 5K NO T-Shirts - **Students:** \$10.00
- 1 Mile Fun Run/Walk w/T-Shirt: \$13.00
- 1 Mile Fun Run/Walk NO T-Shirt: \$8.00

#### Method of Payment (On or Before April 21)

- Cash
- Visit [www.TLHOC.com/FOUNDATION](http://www.TLHOC.com/FOUNDATION) to register by Credit Card
- Check Enclosed (made payable to Tallahassee Orthopedic Clinic Foundation) - Must be postmarked April 12  
Mail registration form and payment to: Tallahassee Orthopedic Clinic Foundation, Attn: April Jacobson  
3334 Capital Medical Blvd, Ste 400, Tallahassee, FL 32308
- Day of Race Registration - Cash or Check ONLY @ TCC between 4:30 - 5:30 p.m.

#### Method of Payment (Race Day, April 22)

- Cash
- Check (made payable to Tallahassee Orthopedic Clinic Foundation)

#### Early Packet Pick-Up: Tallahassee Orthopedic Clinic Atrium

- April 20th - 4:00pm - 6:00pm
- April 21th - 4:00pm - 7:00pm
- April 22th - 11:00am - 2:00pm

Emergency Contact Name & Phone # (required) \_\_\_\_\_

#### Waiver and Release:

In consideration of your acceptance of my entry as a participant in the 2011 ImPACT 5K, I, the undersigned, for myself, my heirs, executors, administrators and assigns, waive and release all claims for damages, death, personal injury, or loss of property against Tallahassee Orthopedic Clinic Foundation, Inc., Tallahassee Orthopedic Clinic, Tallahassee Community College, Gulf Winds Track Club and all volunteers and others promoting or assisting in any way the ImPACT 5K, which may result from my participation on April 22, 2011, or while traveling to and from this event. My participation is voluntary and done at my own risk. I understand that running a road race is a potentially hazardous activity and that I should not enter unless I am medically able and properly trained. I attest that I am physically fit and trained for the competition of this event. I fully understand I am forever giving up in advance any right to sue or make claims against the parties. I am releasing if I suffer injuries and damages, and am voluntarily assuming the risk of such injuries and damages. I will assume my own medical and emergency expenses in the event of an accident of other incapacity or injury resulting from my participation. I agree not to wear headsets, run with dogs, baby joggers or strollers during the race. I have read and understand everything written above and I voluntarily sign this agreement. In addition, I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

\_\_\_\_\_  
Signature of Participant (or parent/guardian if under 18 years of age)

\_\_\_\_\_  
Date

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