

Before Walking by Water, take the **100 Mile Challenge**

Before attending this year's Walking by Water event in October, you can start your training program with our **100 Mile Challenge**.

Walk, run, bicycle, inline skate, even skip, 100 miles. This **move-at-your-own-pace** program runs June 1st through September 30th, 2010.

On your honor, you record your progress.

Participants that reach their personal 100 Mile Challenge will have a chance to win a

weekend for two at Grand Portage Lodge*

You must be 18 or older to win this prize. Bring your official score card with you to the Walking By Water event on October 2, 2010 **OR mail it to Lake View Hospital, Attn: Linda Gomer to be qualified to win this prize. Mailed score cards must be received by Friday, October 1st, 2010.*

Participate in the 100 Mile **PLEDGE** Challenge for Diabetes.

There is no fee to enter the 100 Mile Challenge; however, when you sign up for the **PLEDGE** challenge and collect funds for diabetes research, **participants of any age** will have a chance to win even more great prizes!

You can pick up your official mileage score card and entry rules at the Two Harbors Area Chamber of Commerce, the Lake View Hospital or download from the web at:

www.lvmhospital.com.



325 11th Avenue
Two Harbors, MN 55616-1360



The 2010
Walking By Water
100 Mile challenge
&
100 Mile Challenge for Diabetes

are Presented by

Lake View Hospital
Two Harbors, MN

October 2, 2010

on the beautiful
Gitchi-Gami State Trail

The event begins at the
Split Rock Lighthouse
State Park

What Ever
Gets You
Moving!!!



Walking By Water is a fun, family event for all ages sponsored by the Lake View Hospital, Two Harbors, MN. You can walk **any distance** from 1 to 13 miles setting your own goal and pace while you enjoy the beautiful Gitchi-Gami State Trail.

DATE: October 2, 2010

TIME: 9:00 a.m. **SHARP!**

PLACE: Split Rock Light House State Park

COST: \$10 per person

Registration Information:

Walk day registration is available; however, **pre-registration is strongly encouraged!**

Participants that pre-register by:

Friday, September 17, 2010

will be **guaranteed** their requested t-shirt size and a Water Bottle. T-shirts and water bottles will be handed out upon check-in the day of the event.

Pre Registration is by mail only.

Participants:

All ages are welcome as well as strollers and wheelchairs. **To ensure the safety of all participants, no bicycles, inline skates, roller skis or pets will be allowed as part of the Walking By Water event.**

Start, Finish & Same Day Registration:

All participants should meet at the Split Rock Light House Trail Center Picnic Shelter off of Highway 61. A special \$5.00 Day pass or state park sticker is required for vehicles parking within the park.

Timing:

The walk will be timed so walkers can see their official time. No age category awards will be given as the emphasis is on each person exercising, having fun and achieving his/her own personal best!

Finishers:

All finishers will receive a medallion and post-walk food.

Mile markers:

Mile markers will be placed at each mile. You will determine the distance you would like to walk before turning back around towards the finish.

Lodging information:

Two Harbors Area Chamber of Commerce
(218) 834-2600 or 800-777-7384
www.twoharborschamber.com

Walking By Water is Sponsored by



For more information call
Linda Gomer at the
Lake View Hospital
Two Harbors, MN
218-834-7399

or on the web at
www.lvmhospital.com

2009 Walking By Water Registration

Full Name: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____

Evening Phone: _____

Email: _____

Age on day of event: ____ Male Female

T-shirt Size: S M L XL XXL

Knowingly and at my own risk, I hereby apply to enter the Walking By Water event and do hereby waive and release all claims for damages that I may incur as a result of my participation in the event against Lake View Hospital, the Gitchi-Gami Trail Association, the Minnesota Department of Natural Resources, the State of Minnesota, the County of Lake, all sponsors or any employee, volunteer, official or elected official of these organizations for said injuries. I further certify that I have full knowledge of the risks involved in this event, and I am physically fit and sufficiently trained to participate. If, however, as a result of my participation in the Walking By Water event, I require medical attention, I hereby give my consent to authorized medical personnel of the Walking By Water event to provide such medical care as is deemed necessary by such authorized personnel. I also hereby grant full permission to Walking By Water and/or agents authorized by them, to use any photographs, video-tapes, motion pictures, recordings or any other record of this event for any legitimate purpose at any time without compensation.

Signature: _____

Signature of parent/guardian (if under 18): _____

Please make checks payable to: Walking By Water
Please mail checks and Registration Form to:
Lake View Hospital
325 11th Avenue, Two Harbors, MN 55616