

# CMIPA

Central MA Independent Physician Association

**Presents:**

**FIRST  
ANNUAL  
3-Mile Walk  
& Health  
Fair**



# STEP UP FOR Weight Loss

**WHO:** CMIPA is hosting Worcester's first weight loss Walk and Health Fair for patients, physicians, and families.

**WHAT:** Walk and Health Fair, featuring screenings on Body Mass Index, Cholesterol, Blood Pressure, Nutrition, and more. **WWRS** will MC the event!

**Prizes, Raffles, Entertainment, Music,  
Refreshments**

**ALL ACTIVITIES ARE FREE & OPEN TO THE PUBLIC!**

**WHEN:** Saturday, September 30 2006  
Registration 8 A.M., Walk 9 A.M.  
Health Fair 10 A.M.

**WHERE:** St. Vincent Hospital (inside Atrium)  
123 Summer Str, Worcester, MA 01608

**WHY:** We want to fight excessive weight, which causes thousands of deaths and can lead to heart disease, stroke, cancer, diabetes, and depression.  
**WE CAN HELP!**

**SIGN UP NOW!** Fill out Entry Form on back, or download this form and get more information online

[www.cmipa.com](http://www.cmipa.com)



Special thanks  
to our lead sponsor:

**SAINT VINCENT HOSPITAL**

## REGISTRATION

**MAIL IN:** Complete form below (also available on [www.cmipa.com](http://www.cmipa.com)), post-mark by September 24 2006, and **send to:** Conventures, Inc., C/O Step Up for Weight Loss One Design Place, Suite 718, Boston, MA 02210

**ON-SITE:** Registration will be available at the St. Vincent Hospital Atrium 8-8:30 a.m., September 30

## ENTRY FORM

Required for all walkers and health fair participants.

\_\_\_\_\_  
First name

\_\_\_\_\_  
Last name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Work phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Male/Female

\_\_\_\_\_  
Age

Are you (check one):

Patient

Physician

Office staff

Other

## WAIVER

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event and in good physical condition. I know that this event is a potentially hazardous activity and I hereby assume full and complete responsibility for any injury or accident that may occur during my participation in this event or while on the premises of this event. I hereby release and hold harmless and covenant not to file suit against Central Massachusetts Independent Physician Association (CMIPA), its affiliates and any affiliated individuals, Conventures Inc., Woonteiler Ink, St. Vincent Hospital, any Walk sponsors and their agents and employees, and all other persons or entities associated with this event (the "releasees") from any loss, liabilities or claims I may have arising out of participation in this event, including personal injury or damage suffered by me or others whether same be caused by falls, contact with participants, conditions of the course, negligence of the releasees, or otherwise. I give my full permission to CMIPA and its affiliates and their sponsors and corporate sponsors to use any photographs, videotapes, audiotapes, or other recordings of me that are made during the course of this event. I understand that this Waiver and Release may be stored electronically and agree that a copy is authentic and admissible as evidence in any future dispute or proceeding.

\_\_\_\_\_  
**Signature (required)**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or guardian signature (if under age 18)

\_\_\_\_\_  
Date

*More Choices, Better Care*

**CMIPA**

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446 Main St. 20th Floor, Worcester, MA 01608

[www.cmipa.com](http://www.cmipa.com)

*CMIPA in Worcester is the area's largest multi-specialty physician group not affiliated with a hospital.*