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Lancaster County Medical Alliance
Dedicated to a healthier community



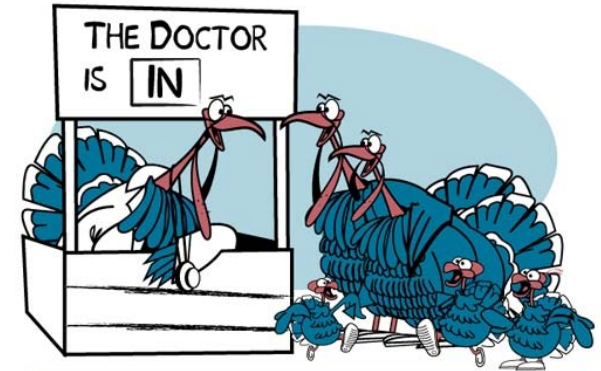
Proceeds to Benefit:



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LANCASTER COUNTY MEDICAL SOCIETY FOUNDATION
MEDICATION ASSISTANCE PROGRAM
5625 O Street, #3
Lincoln, NE 68510

Access to Medical Care



Turkey Trot 5K November 8, 2009

What: 5K & 1 Mile Family Fun Run and Walk

When: Sunday, November 8th at 2 p.m.

Where: UNL- East Campus Loop

Why: This family friendly fun run/walk will raise money for Lincoln's Healthcare 360 Project Access; a program designed to help Lincoln area residents' access health care.

*Presented by:
Lancaster County Medical Society &
Girls on the Run of Nebraska*

Turkey Trot 5K Fun Run and Walk * * November 8th, 2009 * * 2 pm * * UNL— East Campus * *

Lincoln's Healthcare 360 Project Access is designed to help Lincoln area residents' access health care. Healthcare 360 has three specific goals:

- Help both uninsured and underinsured clients access a medical home.
- Provide medication assistance free or at discounted rates for those clients without insurance.
- Assist uninsured patients' access specialty care services such as surgery, imaging, oncology, gynecologic consults and colonoscopies on a sliding fee basis.

Health 360 Project Access is a program of the Lancaster County Medical Society Foundation [LCMSF] which represents over 95% of our community physicians.

Funding for the program comes from a number of community grants, individual donors and special events. 95% of every dollar raised goes toward direct medical services.

The proceeds from the 2009 Turkey Trot will go to help people such as:

- 33-year-old waitress that has brittle diabetes and could not afford her insulin or diabetic supplies.
- 47-year-old with mental illness that needed over \$1,000 of medications each month.
- 8-year-old child with asthma pending Medicaid.
- 28-year-old woman referred from People's Health Center that needed the removal of an ovarian cyst.
- 45-year-old homeless man needing specialty care and medication assistance that without our assistance would have been forced to go to the Emergency Department.
- 42 year old man broke his leg and needing surgical intervention before he could return to work.

Registration (Please fill out a registration & signed waiver for EACH runner.)

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP _____

PHONE: _____ AGE: _____ M or F

E-MAIL ADDRESS: _____

SHIRT SIZE: Adult XL ___ Adult Large ___ Adult Med ___
Youth Large ___ Youth Med ___ Youth Small ___

Entry Fees

If postmarked BY October 17th

- Adults - \$20 (includes long-sleeved "Turkey Trot" T-shirt)
- Kids 12 and under - \$13 (includes long-sleeved "Turkey Trot" T-shirt)
- Kids 12 and under with NO t-shirt—\$5

If postmarked AFTER October 17th

- Adults - \$20 (T-shirt not guaranteed)
- Kids 12 and under - \$13 (T-shirt not guaranteed)
- Kids 12 and under with NO t-shirt—\$5

Total Entry Fee Enclosed: _____

Access to Medical Care Donation:(optional) _____

Total Enclosed: _____
Send payment, registration form, and signed waiver to:
5625 O Street, Suite #3, Lincoln, NE 68510

Packet Pick-Up

Friday, November 6th 9am-2pm: Lancaster County Medical Society
5625 O Street, Suite 3
(In Office Building West of Alltel, on the 2nd Floor)
Race Day: UNL East Campus Loop, beginning at 12:30 p.m.

For More Information:

Call: (402) 483-4800 or (402) 314-1731
E-mail: ltackett@neb.rr.com

Waiver:

I know that entering the Turkey Trot 5K is a potentially hazardous activity. I should not enter unless I am medically able and properly trained to run or walk the event. I agree to abide by any decision of the race official relative to my ability to participate. I assume all risk associated with this event, including but not limited to: falls, contact with other participants, the effect of the weather including high humidity, and any traffic or unnatural conditions of the road race course, such as rough surfaces or motorists. I, for myself and dependents entered in the event if under 18, and anyone entitled to act on my behalf, waive and release Lancaster County Medical Society, all sponsors, race officials, their representatives and successors from claims and liabilities of any kind arising out of my participation or my dependents participation in this event, though that liability may arise out of the negligence or carelessness on the part of the persons named in the waiver.

Signature: _____ Date: _____

(Parent or Guardian Signature if entrant is under 18)

For Your Safety, Please:

- Don't wear a headset (radio, MP3 player, etc.).
- Don't bring a pet.
- Don't bring bicycles, in-line skates, baby strollers/baby joggers, little red wagons, etc.

Mail Entry, Waiver and Payment to:

Lancaster County Medical Society
5625 O Street, #3
Lincoln, NE 68510
402-483-4800