

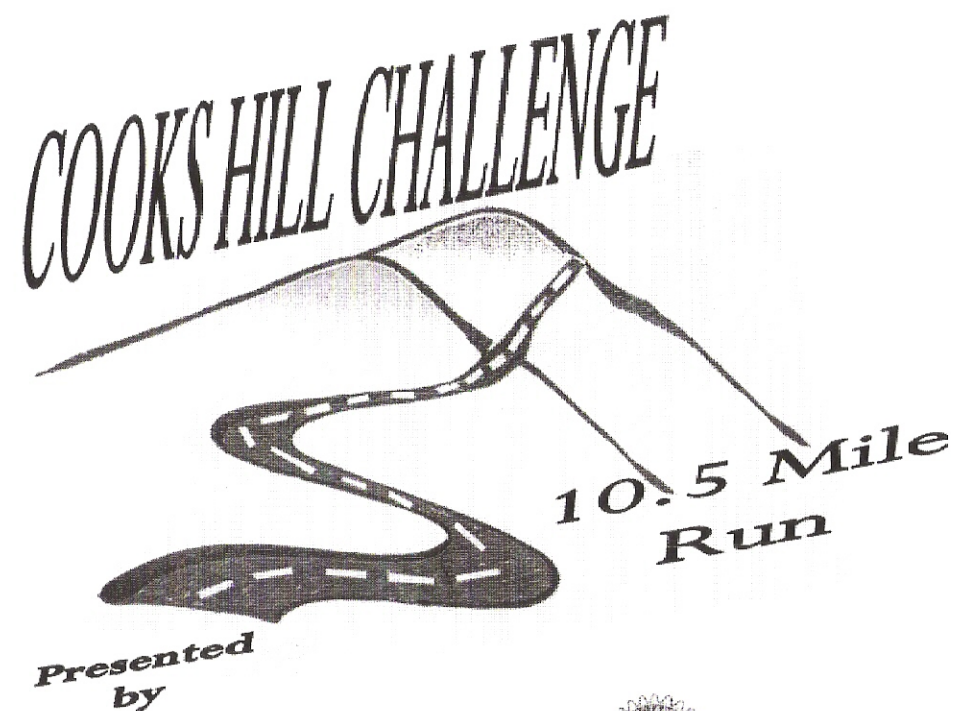
Rotary Eradication of Global Polio

Since 1985, Rotary International's Polio Plus program has contributed greatly to the protection of more than two billion children from the dreaded disease of polio. Rotary International's goal is the certification of polio eradication. Polio eradication means the interruption of the transmission of the wild poliovirus. With its vast volunteer network of 1.2 million members in more than 165 countries, Rotary is the key private sector partner in the war against polio, penetrating nearly every polio-endemic and high-risk county to immunize the world's children. Rotarian contributions support transporting the vaccine and health workers to immunization posts and initiating dynamic public education programs to motivate parents to vaccinate their children.

By the time the world is certified polio-free, Rotary's contributions to the global polio eradication effort will reach nearly \$600 million.

Proceeds from this race will go to the Rotary Foundation in support of polio eradication, helping Rotary fulfill its pledge to match the \$100 million challenge grant received from the Gates Foundation in November 2007. Each Rotary Club in District 5020, of which the Centralia club is a member, has pledged \$1,000 annually, to fulfill our commitment to the Gates Foundation \$100 million challenge grant. For more information or to make a donation go to www.rotary.org/endpolio.

We appreciate your support and have a great run!!



Centralia Rotary



WASHINGTON ORTHOPAEDIC CENTER

PROVIDENCE
Centralia
Hospital

Saturday, September 20, 2008

1900 Cooks Hill Road

Centralia, WA

Entry Fee \$20

Plaques for top male and female finisher

Medals for all finishers

Registration: 7:00 am

Race starts at 8:00 am

The 10.5 miles Cooks Hill Challenge is in conjunction with the Washington Orthopaedic Center HEALTHY LIVING EVENT. At 10:00 a.m. a non-competitive, non-timed Wellness Wokabout is also scheduled. Physicians and staff from Washington Orthopaedic Center and Providence Centralia Hospital will be available to answer questions about the latest innovations in the treatment of osteoarthritis and joint replacement. In addition, other local health care providers will be available to provide information on physical therapy, diabetes, nutrition, medications and therapeutic massage. From 11:00 a.m. to 1:00 p.m. lunch will be available for an additional \$5.00.

For the Wokabout or questions regarding the HEALTHY LIVING EVENT contact Maretta Berg at 360-330-1869.

These events are sponsored by the Washington Orthopaedic Center, Providence Centralia Hospital and the Centralia Rotary Club.

All proceeds from the Cooks Hill Challenge will go to the Rotary International Polio Plus project, working to eradicate Polio worldwide.

For more information e-mail Shannon Murphy-Olson at Cookshillchallenge@yahoo.com. Sorry, no on-line registration this year.

Course Description

The run begins at WA Orthopaedic Center, 1900 Cooks Hill Road in Centralia. The course consists of beautiful rural scenery and two STEEP HILLS. From the start the course heads south on Schueber and then, turns right onto Graf. Graf becomes Blanchard and runners follow Blanchard where they are met by hill #1 with an approximate 200 foot rise. At the top of Blanchard runners take a left onto Cooks Hill Road and then a right onto Joppish. Joppish gives some relief with a 250 foot descent down a tree lined country road. A quick left onto Galvin, another left onto Lincoln Creek and then the Hill to beat all Hills - Cooks Hill. A left turn up Cooks Hill starts the 250 foot climb. The hill eventually levels off into rolling hills and then, a right turn onto Blanchard brings runners back down the hill to Graf Road, a left onto Schueber and back to the start/finish line.



SIGN ME UP! I want to run the 10.5 mile Cooks Hill Challenge on September 20, 2008!

| | | | |
|--|----------------------|-----------------------------------|--------------|
| Name (please print) _____ | | | |
| Age _____ | Circle One: | Male _____ | Female _____ |
| Address _____ | | | |
| City _____ | State _____ | Zip _____ | |
| Phone # _____ | E-mail address _____ | | |
| Are you representing a company or organization? YES ___ NO ___ If yes, company/organization name: _____ | | | |
| AGE DIVISION | | Circle <u>one</u> division below: | |
| 11-14 | 15-19 | 20-29 | 30-39 |
| 40-49 | 50-59 | 60-69 | 70 & Over |
| FEES: | | | |
| ___ Cooks Hill Run | | | \$20 |
| ___ Lunch (11:00 a.m.—1:00 p.m.) | | | \$ 5 |
| ___ Total Check Enclosed | \$ | _____ | |
| My registration in the "Cooks Hill Challenge" 10.5 mile run (the "event") shall confirm that I acknowledge that the organizers are not legally responsible for my safety during any part of the event. The event is being conducted by volunteers as a public service. I agree that I am assuming full responsibility for the decision to participate. I recognize that if I am not adequately prepared for the event physically, or have physical limitations that make it dangerous for me to participate, or if I do not conduct myself in a safe manner considering the presence of other participants, vehicles, and possibly animals on the course, I could suffer serious bodily injury or death. I agree to indemnify and hold the organizers, Centralia Rotary Club, Washington Orthopaedic Center, Providence Hospital and the City of Centralia, and their agents, employees, and any volunteers harmless from any claims, causes of action, liability, expenses, losses, damages or charges that relate to or arise from my participation in the event. This waiver of claims and indemnification agreement shall apply to all of my heirs and successors. | | | |
| If I am signing on behalf of a minor or disabled person, I agree to assume all of the responsibility for the decision to enter the minor person in the event, and I agree to hold the organizers and anyone else involved in the event harmless from any claim that the minor person, or anyone on their behalf, may hereafter make that arises from or is related to the participation of the minor person in the event. | | | |
| Signature (REQUIRED): _____ | | | |
| Parent's Signature (for minor child—REQUIRED): _____ | | | |
| _____ | | | |
| Mail completed application to Cooks Hill Challenge Centralia Rotary, PO Box 183, Centralia WA 98531 | | | |