

A Hip A Jump A Walk A Hop in the Park

Miami-Dade County Public Schools and the Miami-Dade County Health Department cordially invite their employees and their families to a healthy day in the park. Come and enjoy fitness activities such as a 3-5K Walk, Hip Hop aerobics, and jump roping. Lots of information about the importance of exercise, good nutrition and healthy relationships. A healthy body and mind are key ingredients to academic and personal achievement. Join us. It's free and fun.

Saturday, September 26

HEALTH DAY 2009

**Tropical Park
7900 S.W. 40th Street
Miami, FL 33155**

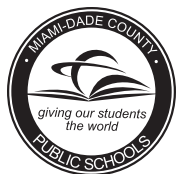
8:00 a.m.

Registration

8:30 a.m.

**Making Healthy Fun:
Call to Action/
3-5K Walk Begins**

**Giveaways and
free health screenings!**



Miami-Dade County
HEALTH DEPARTMENT 





Miami-Dade County Public Schools Release Form



Healthy Day Event, September 26, 2009

I know that running and/or walking in an event is a potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. I assume any and all risks associated with this running/walking event including but not limited to falls, contact with other participants, the effects of weather, including high heat and/or humidity, and the conditions of the road; all such risks being known and appreciated by me.

I also understand that my participation in this event is completely voluntary. I am, therefore, on notice that any injuries sustained by my participation are not compensable under the School Board's workers' compensation plan.

Knowing these facts, I hereby for myself, my heirs, executors, administrators or anyone else who might make a claim on my behalf covenant not to sue or claim workers' compensation, and waive, release and discharge the School Board of Miami-Dade County, Florida, its agents or employees from any and all claims, or liability for death, personal injury or property damage of any kind or nature whatsoever arising out of or in the course of my participation in this event.

Print Name: _____ Employee #: _____

Full time employee _____ or Part time employee _____ Bargaining Unit # _____

School/Work Location: _____ Mail Code: _____

Signature: _____ Date: _____

Guest Name: _____ Guest Signature: _____

Guest Name: _____ Guest Signature: _____

Guest Name: _____ Guest Signature: _____

Guest Name: _____ Guest Signature: _____

Please complete this release form and fax it to the Office of Risk and Benefits Management at (305)-995-7190, and be sure to pick up your wrist band at the registration pavilion.