



www.COTA.org

# Children's Organ Transplant Association

Giving Hope ... Making Miracles

## Family Picnic ~ Fun Run and 5K Brave Heart Challenge

South Ogden City Nature Park  
(Behind the Ogden Athletic Club)

*Food & Drinks may be  
purchased at the park.*

**Monday, September 21, 2009 ~ 4:30 p.m. to 8:00 p.m.**

### Children's Run/Walk - \$5

Check-in/Registration 4:30 to 5:15 p.m.  
(1.4K or .87 miles)

**Times:** 6 yrs & under **5:30** \* 7-9 yrs **5:50** \* 10-13 yrs **6:00**  
(Children under 6 may be accompanied by an adult.)

### Stroller Run/Walk - \$5

Check-in/Registration 4:30 to 5:55 p.m.  
(1.4K or .87 miles)

**Start time: 6:10 p.m.**

For everyone with strollers or wagons.

### Brave Heart Challenge Run/Walk - \$10

Check-in/Registration 4:30 to 6:15 p.m.  
(5K or 3.1 miles) **Start time: 6:30 p.m.**

- This course includes hills, paved and dirt trails through the Nature Park, and a gentle downward slope through a beautiful neighborhood to the finish line in the Nature Park.
- After the Brave Heart Challenge, all trails in the Nature Park will be available for runners and walkers to use as they wish.
- We will time this run, but since this charitable event is to benefit children needing life-saving organ transplants, we will not use a professional timing service, so that all proceeds can go to COTA. To make sure that you get an accurate time, we suggest that you bring your own stopwatch.

Make check payable to  
**Children's Organ Transplant Association**  
Mail to: 1377 E 5875 S  
South Ogden, UT 84405

### Registration Form

Register at:  
Ogden Athletic Club, Peak Performance,  
Adams Ave Pkwy, and local schools

Run day registration and sign-in:  
**4:30 to 6:25 p.m.**  
Contact: 801-475-1909 or 801-479-4170  
E-mail: Breon@TrollRoad.com

Participant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Male  Female Age: \_\_\_\_\_

Select an event: **\$5 Events (\$8 day of event):**  6 yrs & under  7-9 yrs  10-13 yrs  Stroller  
**\$10 Event (\$16 day of event):**  5K Brave Heart Challenge

I understand that participating in this event is potentially hazardous, and I hereby assume full and complete responsibility for an injury or accident which may occur during participation in this event. I, the undersigned, hereby agree to indemnify, save, and hold harmless all sponsors, volunteers, or any other agents or representatives from any and all liability arising out of or in any way relating to participation in any of the events listed on this form. I give my full permission to the Children's Organ Transplant Association and their sponsors to use any photographs, videotapes, audiotapes, or other recordings of the participant indicated on this form that are made during the course of this event.

Signature of participant, parent, or guardian: \_\_\_\_\_ Date: \_\_\_\_\_