

# "Our Hike"

## for Bone Marrow Disease

# Come n' hike with us! September 12, 2009

### Details & Itinerary



I, Robin, was treated for Aplastic Anemia in 1998, and by the grace of God and the support of hospital staff, friends and family, I survived an ordeal that nearly took my life. After being told I was in complete remission, I decided I wanted to do something huge to celebrate my life, but I wanted to help other Bone Marrow Disease patients, too. So in 2006 I hiked for 8-1/2 months, side-by-side with my mom, across America to raise awareness and funds for Bone Marrow Disease.

Our journey was titled, "Our Hike across America for Bone Marrow Disease." After completing the nearly 5,000-mile trek, we wanted to keep going, but had to find something a little closer to home... so the "Our Hike for Bone Marrow Disease" continues! We would love for you to join us in a "woody" day hike in beautiful Northern Wisconsin, and help us support the Aplastic Anemia & MDS International Foundation in the fight against Bone Marrow Disease.

**12:00 pm** Registration & sign-in, lunch special, meat raffles, GoLite® backpack raffle for registered hikers

#### Corner Connection

W9701 County Rd W  
Phillips, WI 54555  
715-332-5484

**2:00 pm** Hikers head out for a 7-mile hike  
Lost Vega's will be holding hourly raffles for those not hiking

**5:00 pm** Hikers arrive at Lost Vega's, Spaghetti dinner special, ticket raffle drawing, tons of fun paddle raffles, music and fun!

#### Lost Vega's Resort

W10030 County Rd W  
Phillips, WI 54555  
715-332-5565

### Registration Information

All profits from this event, including registration fees, will be sent directly to the Aplastic Anemia & MDS International Foundation, Inc., a 501(c)3 non-profit organization to support patients and their families that are dealing with Bone Marrow Disease. Funds also support research. For more information, visit [aamds.org](http://aamds.org).

#### Registration Fee

Get in on the "Early-Bird Special" Registration of \$25!

**Before September 1, 2009: \$25**

After September 1, 2009: \$35 (to be paid on event day)

#### Easy ways to register

1. Clip off the bottom of this page, read the waiver, fill out the form completely, and submit payment to address below.

2. Register online—visit [www.ourhike.com](http://www.ourhike.com) for a direct link to the registration page, or visit [www.active.com](http://www.active.com) and do a simple search for the "Our Hike" event.

Online registration powered by [active.com](http://active.com)



### Links

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

[www.aamds.org](http://www.aamds.org)  
(Aplastic Anemia & MDS International Foundation, Inc.)

[www.active.com](http://www.active.com) (online registration available here)

Complete registration slip below, and mail with payment (\$25/participant before September 1, 2009) to: **Patty Laatsch, W10785 Cty Hwy W, Phillips, WI 54555**  
Make checks payable to: **"Our Hike" for Bone Marrow Disease**

Cut off here and send in form with registration fee

### Participant Waiver

I understand that participating in this event is potentially hazardous, and that I should not enter and participate unless I am medically able and properly trained. In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury or accident which may occur while I am traveling to or from the event, during the event, or while I am on the premises of the event. I also am aware of and assume all risks associated with participating in this event, including but not limited to falls, contact with other participants, effect of weather, traffic, and conditions of the road. I, for myself and my heirs and executors, hereby waive, release and forever discharge the event organizers, sponsors, promoters, Active.com and each of their agents, representatives, successors and assigns, and all other persons associated with the event, for all my liabilities, claims, actions, or damages that I may have against them arising out of or in any way connected with my participation in this event. I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties, or otherwise.

I understand that the entry fee is non-refundable and non-transferable. I hereby grant full permission to any and all of the above parties to use any photographs, videotapes, motion pictures, website images, recordings or any other record of this event.

### Our Hike for Bone Marrow Disease

Event Description: 7-mile non-competitive hike in Phillips, Wisconsin  
Event Date: September 12, 2009

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

I agree to the waiver, shown left

Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Initials of athlete over 18 years of age or parent/legal guardian of minor under 18 years of age or legal guardian of incapacitated and/or mentally challenged person