

# Strollin' for Disabilities

## Celebrating Disability Pride Day

(An event to bring awareness to many types of disabilities.)



**Wednesday, July 31 5-7 p.m.**  
**Chautauqua Park**

Walk, run, roll or stroll to promote and support people with many types of disabilities.

**All proceeds raised will go to Brooks's Bookshelf and the Mary Lanning Healthcare Special Children's Fund.**

Please keep this section as a reminder!

Participants may begin anytime between 5 and 7 p.m. Food provided and ice cream for purchase from Special Scoops. Free t-shirt for first 50 to arrive! One free raffle entry.

**\$20 ADULTS – \$10 CHILDREN**

(Children under age 5 are free.)

**Register:** Stop in at MLH Rehabilitation at Cimarron Plaza, Suite #170 or Suite #140 between 6 a.m. and 6 p.m.

**Questions?** Contact Brooke West, 402-460-3705 or [bwest@marylanning.org](mailto:bwest@marylanning.org).



**Mary Lanning**  
HEALTHCARE

Pediatric Rehabilitation



### Participant information

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Age (on the day of the race): \_\_\_\_\_

— REGISTRATION DEADLINE IS 6 p.m. on July 15. —

### Waiver (must be signed below to participate):

I understand that participating in this event will subject me and/or my family to potentially dangerous conditions, including uneven terrain, inclement weather, and other participants who may cause falls or other injuries. I certify that my family and I are in proper physical condition to participate in this event and hereby release and hold harmless Mary Lanning Healthcare, its officers, employees and volunteers from any and all demands, claims, damages or suits arising from or relating to bodily injury or personal property loss or damage sustained by myself or my family, or property damage or bodily injury to others caused by myself or my family because of participation in this event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (IF UNDER 18)

**If sending by mail:** MLH Rehabilitation, 715 N. St Joseph Avenue, Hastings, NE 68901  
ATTN: Brooke West

#### Office Use Only

Payment Date: \_\_\_\_\_

Cash:

\$ \_\_\_\_\_

Check:

\$ \_\_\_\_\_

# \_\_\_\_\_