## CELEBRATE MINDEN KIDNEY WALK





## THESE SHOES ARE MADE FOR WALKING!

It's the 1<sup>St</sup> Minden Kidney Walk hosted by Minden Nephrology & Hypertension and Dr. Pallavi Shirsat. The walk builds hope for the future without suffering-for every person in this fight. Are you with us? By participating in the 2025 Minden Kidney Walk you'll let others they're not alone.

The walk will be around the clinic on

Enter and walk individually or enter individually and run with friends, co-workers, family, etc. as a TEAM! There is a prize for the largest team!

Race Starting Time: 9:00am, Saturday, May 3, 2025

**Registration:** Early Registration is \$30 until April 15, 2025. All participants who register by April 15, 2025 will receive a Minden Kidney Run t-shirt. Registration AFTER April 15<sup>th</sup> until Race Day is \$35. Student Price is \$25 at all times. You can register at MMC Business Office, 346 Homer Rd or register online.

**Course:** The course will begin at First Methodist Church parking lot on McDonald Street next to Broken Bean, then left from parking lot onto McDonald Street, left on College Street, left on West Union and left in front of Minden Medical Center and end up back in the First Methodist Church parking lot. **Packet Pickup:** Thursday, May 1, 8am-5pm, Friday, May 2, 8am-5pm at #3 Medical Plaza (Dr. Shirsat's office) before race.

Waiver & Release: In consideration of my being admitted to enter the Minden Kidney Walk, I, for myself, my heirs, and assigns, executors and administrators, do hereby forever release and discharge Minden Nephrology & Hypertension, Minden Medical Center, their employees and agents, of and from any and all claims or demands for damages, injuries, or liability, in any manner arising out of participation in this event. I agree to indemnify and hold harmless the parties released above from any claims or demands for damages, for injuries or liability, in any way arising out of my participation in this event. I certify that I have prepared myself for this race and that I am in adequate physical condition to complete the event I have entered. I agree to follow all rules of this race and to permit use of my likeness in any/all promotional formats and/or media outlets; including, but not limited to print, social media, broadcast, digital, advertising, publicity, web content or otherwise. I understand and agree to all conditions of waiver.

				<b>TRY FORM - JOIN US SATURDAY, MA</b> Check Amount: \$	
Signature				Check Amount: \$ 	Date:
Parent/Guardian Signature if under 18 years old:					
Today's Date:	/	/2025	Early Registration: \$30	Registration after April 15 <sup>th</sup> : \$35	Student (any time): \$25
First Name			Last Name		Birth Date
Address				City	
State	Zip (	Code	Cell Phone Number		
Email Address					
MMC Employee? _	Yes	]	No If yes, please l	ist department:	

Circle: Male Female T - Shirt Size (circle): XS S M L XL XXL (add \$2 for XXL)