



**CITY OF LODI  
COUNCIL COMMUNICATION**

**AGENDA TITLE:** Walk for the Health of It Proclamation

**MEETING DATE:** March 19, 2014

**PREPARED BY:** City Clerk

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**RECOMMENDED ACTION:** Mayor Katzakian to present proclamation proclaiming Saturday, May 3, 2014, as "Walk for the Health of It" in the City of Lodi.

**BACKGROUND INFORMATION:** The Mayor has been requested to present a proclamation proclaiming Saturday, May 3, 2014, as "Walk for the Health of It" in the City of Lodi. Jill De Herrera, Executive Administrative Assistant with the Lodi Memorial Hospital Foundation, will be at the meeting to accept the proclamation.

**FISCAL IMPACT:** None.

**FUNDING AVAILABLE:** None.

A handwritten signature in blue ink, appearing to read "Randi Johl-Olson".

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Randi Johl-Olson  
City Clerk

RJO/JMR

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**APPROVED:**

A handwritten signature in blue ink, appearing to read "Stephen Schwabauer".

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Stephen Schwabauer, Interim City Manager



**MAY 3, 2014**



**MEET US AT:**

Lodi Memorial Hospital  
975 S. Fairmont Ave., Lodi

**Registration** 8 a.m.  
**Walk begins** 9 a.m.



Lodi  
Memorial Hospital  
Foundation, Inc.

**5K FITNESS WALK**

The 5K walk is a self-timed event open to men, women and children of all ages.

**5K POKER WALK**

Not a race, a game of chance, open to everyone, including rollerbladers. Collect your hand at various stations along the 5K route. Awards will be given to first, second and third place hands.

**5K RUN**

The 5K run is a self-timed event open to men, women and children of all ages.

**1 MILE FUN RUN**

Students are invited to participate in this fun run.



**1 MILE WALK & ROLL**

This non-competitive, fun walk is open to all individuals, families, groups and walkers, including those on rollerblades and those pushing strollers or wheelchairs.

**COURSES**

All courses begin in the Lodi Memorial Hospital parking lot, 975 S. Fairmont Ave., at York Street. Walkers and rollers will follow a designated course through the picturesque streets of Lodi.



**PRE-WALK WARM UP**

A free pre-walk warm up, lead by Jazzercise, will be offered at 8:45 a.m.

**HEALTH FAIR AND POST-RACE ACTIVITIES**

All events will conclude in the hospital's parking lot where participants and the public can enjoy entertainment, free health screenings, run/walk related vendors, even a post run/walk massage! Poker cards will be read and prizes given to the top three hands.



**REGISTRATION**

Cost is \$20 for individuals (includes one T-shirt); \$40 per family (includes three T-shirts).

**T-SHIRTS**



Each registered participant will receive a "Walk for the Health of It" T-shirt created just for this year's event. You can also purchase additional T-shirts

at any of the pre-registration locations below.

**TO PRE-REGISTER**

T-shirts and registration forms are available at the following locations:

- ♥ Jazzercise  
111 N. Stockton St.
- ♥ Lodi Memorial Hospital  
Foundation Office  
845 S. Fairmont Ave., Ste. 3
- ♥ Lodi Health Fitness  
800 S. Lower Sacramento Rd.
- ♥ LOEL Foundation  
105 S. Washington St.

**209.339.7833**

**WWW.LMHFOUNDATION.ORG**

**Application instructions:** Complete a separate application for each participant (photocopy this one if needed). Type or print clearly. Complete all information. Sign waiver. Return completed applications with fees to Lodi Memorial Hospital Foundation, 845 S. Fairmont Ave., Ste. 3, Lodi, CA 95240, Attention: Jill.

Last name \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Age (on day of race) \_\_\_\_\_

Please indicate T-shirt size: Adult:  S  M  L  XL  XXL Child:  S  M  L

**Waiver:** I hereby release and discharge in advance Lodi Memorial Hospital, the City of Lodi, all agencies whose property and personnel are used, all sponsoring or co-sponsoring entities or individuals, from responsibility for any injuries or damage I may suffer as a result of my participation in the "Walk for the Health of It." I hereby certify that I am able to safely participate in this event. I will additionally permit the use of my name and pictures in broadcasts, telecasts, newspapers, brochures, etc., and I also understand that the entry fee is non-refundable. As a participant, I certify that all information provided in this form is true and complete. I have read the entry information and certify my compliance by my signature.

All applicants must sign waiver (Parent/Guardian if under 18) \_\_\_\_\_ Date \_\_\_\_\_

Business/School Team \_\_\_\_\_ Lodi Health employee/department \_\_\_\_\_  
(if applicable) (if applicable)

**LODI MEMORIAL HOSPITAL FOUNDATION**

**LODI MEMORIAL HOSPITAL, SATURDAY, MAY 3, 2014**



**PRE-REGISTRATION**

Preregister by May 2, \$20 individual, or \$40 family (includes three T-shirts), using the convenient entry form above.

Please make checks payable to:

**Lodi Memorial Hospital Foundation**

Mail checks and registration forms to:  
845 S. Fairmont Ave., Ste. 3, Lodi, CA 95240

**WWW.LMHFOUNDATION.ORG**

**CONTRIBUTION**

I am unable to participate, but I would like to make a tax-deductible donation to Lodi Memorial Hospital Foundation in the amount of: \$ \_\_\_\_\_

Registration \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**LODI MEMORIAL HOSPITAL FOUNDATION**



845 S. Fairmont Ave., Suite 3  
Lodi, CA 95240-5011

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