

Despite these surgeries, there is no known cure.  
Over 300,000 patients in this country live with  
Chiari and Syringomyelia.

*Together We Can Find a Cure!*



**Amanda:**

Chiari patient who has had  
brain surgery

**Mary:**

Chiari patient who has  
had three  
brain surgeries.

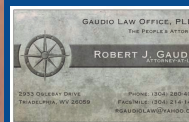
**Grace:**

Chiari & Syringomyelia patient  
who has had two  
spinal cord surgeries.



**American  
Syringomyelia & Chiari  
Alliance Project, Inc.**

Please patron our sponsors to thank  
them for their support!



American Syringomyelia & Chiari Alliance Project, Inc. (ASAP), a non-profit 501(c)(3) organization.

For more information visit [www.ASAP.org](http://www.ASAP.org)

## “Together We Can Walk & Roll” Event

at Heritage Port, Water Street, Wheeling, West Virginia.

Friday, October 14, 2011 - 7 p.m. - Mark Gorby /The Fabulous Bender Boys/ Food Vendors/ 50-50 raffle.

Saturday, October 15, 2011 - 9 a.m. - Registration begins 7:30 a.m.

**Event Description:** Food, Drinks, 50/50, Auction items, Children’s Activities, Music and Fun for all!: A non-competitive 5K Walk ‘N Roll on the Heritage Trail to bring awareness to Chiari malformation and syringomyelia. Funds raised will go to education, outreach, and research to help find a cure.

**Course:** Heritage Trail along the Ohio River. 5K flat course out-and-back from Heritage Port.

***Event is free of charge! Donations to ASAP will be appreciated and are tax-deductible.  
A 5K Walk & Roll tee-shirt will be available for a donation of \$30 or more to ASAP.***

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

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

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

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

Donation Amount (Make checks payable to ASAP): \$ \_\_\_\_\_

Shirt Size (Adult or Youth) \_\_\_\_\_

Are you a Patient?      Yes      No

Are you a Caregiver?      Yes      No

Mail completed form to: Mary Young  
P.O. Box 404  
Lansing, Ohio 43934

Contact Joe or Mary: [joeandmary1@peoplepc.com](mailto:joeandmary1@peoplepc.com) or 304-559-6555  
or visit the ASAP website at [www.ASAP.org](http://www.ASAP.org)

Waiver: I, the undersigned, waive and release myself, my heirs, executors and administrators, from any and all rights and claims for damages, demands and any other actions whatsoever, which I may have against ASAP and all participating sponsors and supporters of those entities, successors, representatives and assigns, arising out of my participation in this event. Should I suffer any injury or illness, I authorize officials of the Walk ‘N Roll to use their discretion whether to have me transported to a medical facility, and I take full responsibility for any requisite costs for any such injury or illness arising from this event.

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

Parent/Guardian (if under 18) \_\_\_\_\_