



5th Annual Charity 5K Run/Walk

Saturday - June 18, 2016 – 9:00 am
Newbridge Road Park, Bellmore

This Charity Run will benefit **The Thomas Reynolds Foundation, St. Elizabeth Ann Seton Regional School & Special Spaces**

www.ThomasReynoldsFoundation.org

www.Steas.com

www.SpecialSpaces.org

- ✓ \$20 Pre-Registration Fee by June 1, 2016 (\$30 day of race if available)
- ✓ Race check-in 9:00 am to 10:00 am
- ✓ Make checks payable to **The Thomas Reynolds Foundation**
- ✓ Mail registrations to – *Special Spaces, 1381 Liberty Ave, Bellmore NY 11710*
- ✓ Race Contacts - *Christine Cook – 516.680.2226 - Kathy Whelan - tkbadw@aol.com*
- ✓ Shirts will be given out to the first 100 participants registered!
- ✓ 50/50 Drawing, Raffle Baskets, & Entertainment after the race
- ✓ Please contact us about mile marker sponsorships & raffle donations

~RACE APPLICATION FORM~ (PLEASE PRINT)

Name: _____

Address: _____

City/State/Zip: _____

Daytime Phone(_____) _____ Sex _____ Age: _____ E-mail _____

Mandatory Release Form:

I know that running a road race is a potentially hazardous activity and I assume all risks associated with running in this even, including but not limited to change in running surfaces, falls, contact with other participants or spectators, the effect of weather including cold, heat, snow and ice, traffic and the conditions of the road, all such risks being known and appreciated by me. Therefore, in consideration of your accepting this entry, I, the undersigned intending to be legally bound hereby for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages I may have against Newbridge Road Park, Thomas Reynolds Foundation, SEAS and Special Spaces, their representatives, successors and assigns for any and all injuries suffered by me in said event and all claim for liabilities of any kind arising out of my participation in this event though liability may arise out of the negligence or carelessness on the part of the persons named in this waiver. I attest and verify that I will participate in this event as a foot race entrant and that I am physically fit and have sufficiently trained for the competition of this event and that my physical conditions have been verified by a licensed medical doctor. Further, I grant full permission to any and all of foregoing to use any photographs, video tapes, motion pictures, recordings, or other records of this event for any legal purpose whatsoever. In the event that an act of God necessitates the cancellation of the race, I understand that an alternate date will be rescheduled. No refunds available. If signed by a parent. The parent agrees to release and hold the above organizations and persons harmless of any claims and/or rights which may be asserted on behalf of the entrant.

Signature _____

Parent/Guardian Signature _____