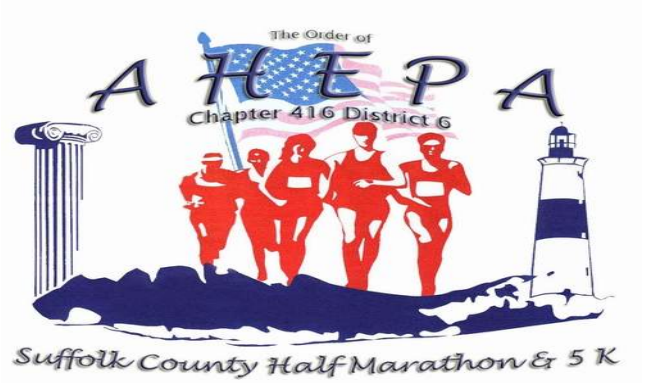

COORDINATED BY THE ORDER OF AHEPA, CHAPTER 416, DISTRICT 6, BABYLON, NY
(American Hellenic Educational Progressive Association)
IN COOPERATION WITH THE COUNTY OF SUFFOLK

Race is Certified by USA Track & Field (NY98002DK)

Half Marathon was Part of 2009 USATF Long Island Grand Prix Series Of Road Running - 2010 application pending
Half Marathon was 2009 USATF – Long Island Half Marathon Association Championship Run - 2010 application pending

SUNDAY MARCH 28, 2010 AT 9:00AM

SUFFOLK COUNTY COMMUNITY COLLEGE, AMMERMAN CAMPUS, NICOLLS ROAD, SELDEN, NEW YORK 11784

Day of Race registrations 7:00 AM to 8:30AM at the Gymnasium

Nicolls Road will be closed by Suffolk County Police at 8:30 AM and reopened at 12 Noon

Due to time restraints no walkers or joggers will be permitted on the ½ marathon course. Anyone still on the course at 12 Noon will be pick up off the course for safety reasons.

	½ Marathon	5k
CASH AWARDS ✱	Awards will be made to the winners of the ½ marathon. 1st place male and female overall winners - $100 each 2nd place male and female overall winners -$ 50 each 3rd place male and female overall winners - $ 25 each	Awards will be made to the winners of the 5k race. 1st place male and female overall winners - $100 each 2nd place male and female overall winners - $50 each 3rd place male and female overall winners - $25 each
PRIZES ✱	Plaques for Top Three Male and Female Runners in the following Age Groups: 12 & under, 13-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80 & up, & Special Needs	
✱	Additional Prizes and Promotional Gifts to be pulled by drawings for all runners present at end of race.	

T-shirts are guaranteed for pre-registered runners only. Day of the race registrations T-Shirts are available as long as supply lasts.

REVENUES TO BENEFIT: The Suffolk County Community College Scholarship Fund & The AHEPA Scholarship Fund
Third organization to be named later

Order of AHEPA, Chapter 416, District 6, (Babylon, New York) Suffolk County Half Marathon - Contact Information

Mail: P.O. Box 315, Babylon, NY 11702 ● **Fax/Phone:** 631.957-7700 ● **E-mail:** info@sc-halfmarathon.org ● **Website:** www.sc-halfmarathon.org

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AHEPA - SUFFOLK COUNTY HALF MARATHON AND 5K RACE ENTRY FORM **RACE FEES ARE NON-REFUNDABLE!** **EVENT WILL OCCUR RAIN OR SHINE!**

FIRST NAME: _____ M.I.: ____ LAST NAME: _____ DATE OF BIRTH: _____

STREET ADDRESS: _____ AGE ON RACE DAY: _____

CITY: _____ STATE: _____ ZIP CODE: _____ SEX: ❑M ❑F

PHONE-DAY: _____ PHONE-NIGHT: _____ T-SHIRT SIZE: ❑S ❑M ❑L ❑XL ❑XXL

EMAIL: _____

EVENT: ❑5K ❑HALF MARATHON DIVISION: ❑RUNNER ❑SPECIAL NEEDS ❑I DO NOT WISH TO HAVE INFORMATION FORWARDED TO ME BY RACE SPONSORS OR VENDORS

FEE: ❑EARLY REGISTRATION $20.00 ❑DAY OF EVENT $25.00 MAKE CHECKS PAYABLE TO: AHEPA SUFFOLK COUNTY HALF MARATHON & 5K

PLEASE READ TWICE BEFORE SIGNING: ALL RACE CREDENTIALS WILL BE ISSUED ON DAY OF EVENT ONLY!

SUFFOLK COUNTY HALF MARATHON ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND INDEMNITY AGREEMENT: IN CONSIDERATION OF MY PARTICIPATION IN THE AHEPA SUFFOLK COUNTY HALF MARATHON & 5K RACE, I REPRESENT THAT I UNDERSTAND THE NATURE OF THE EVENT AND THAT I AM QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH EVENT. I FULLY UNDERSTAND THAT THE EVENT INVOLVES RISKS OF SERIOUS BODILY INJURY, PERMANENT DISABILITY OR DEATH WHICH MAY BE CAUSED BY 1: MY OWN ACTIONS, OR INACTIONS, 2: THOSE ACTIONS OF OTHERS - INCLUDING "RELEASES" (DEFINED BELOW), 3: THE EVENT CONDITIONS, OR 4: RISKS NOT KNOWN BY ME AT THIS TIME. I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS AND DAMAGES I MAY INCUR AS A RESULT OF PARTICIPATION IN THIS EVENT. I HEREBY RELEASE, DISCHARGE AND AGREE NOT TO SUE THE SUFFOLK COUNTY HALF MARATHON, ITS RESPECTIVE DIRECTORS OFFICERS, AGENTS, VOLUNTEERS, SPONSORING ORGANIZATIONS OR CONTRACTORS, SPONSORS, ADVERTISERS, LANDOWNERS OR THEIR RESPECTIVE EMPLOYEES OR AGENTS OR OTHER PARTICIPANTS, (ALL CONSIDERED "RELEASES") FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES I MAY INCUR AS A RESULT OF PARTICIPATION IN THIS EVENT, WHETHER CAUSED IN WHOLE IN PART BY THE NEGLIGENCE OF THE RELEASES, INCLUDING NEGLIGENT RESCUE OPERATIONS. I FURTHER AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASES FROM ANY LOSS, LIABILITY, DAMAGE, OR COST (INCLUDING REASONABLE ATTORNEY'S FEES) WHICH THEY MAY INCUR RESULTING FROM ANYONE MAKING A CLAIM ON MY BEHALF. I UNDERSTAND THAT IF ONE PART OF THIS AGREEMENT IS INVALID, ALL OTHER PARTS WILL REMAIN VALID TO THE EXTENT OF THE LAW.

I HAVE READ THIS UNCONDITIONAL AGREEMENT TWICE, AND FULLY UNDERSTAND IT, AND THE RIGHTS, I HAVE WAIVED BY SIGNING IT, AND DO SIGN IT VOLUNTARILY.

Signature of Runner	Date	Signature of Witness	Date	Signature of Parent or Guardian if runner is under 18 yrs.	Date
Print Name		Print Name		Print Name	

Do Not Write Below This Line – For Race Officials ONLY!

Date Received	Payment Method	CK / MO #	Date Entered
	❑Check ❑MO ❑Award		

(GLIRC Rev2)