



RUN 5K for a REASON



Saturday, July 23, 2016
Village of Southampton
Southampton, NY

On Saturday, July 23rd, come out and run (or walk) and help directly support the programs and services these organizations provide.

Registration: 8:00 am at Southampton Cultural Center, 25 Pond Lane

\$20.00 PRE~RACE, \$25.00 ON~SITE

Free t-shirt for all registered runners

Start Time: 9:00 am on Pond Lane

Call The Foundation Office at 631-585-0100 for further information

SYS & AHRC Suffolk's Annual Run For A Reason 5K Run/Walk Registration Form

Return with payment to: Foundation Office, AHRC Suffolk, 2900 Veterans Memorial Highway, Bohemia NY 11716
or register online at: www.go-ef.com/?ahrc

Name _____

Circle one: Male/Female Date of Birth: _____ Age on Race Day: _____ T-Shirt Size: __ S __ M __ L __ XL

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Total Paid \$ _____ (Make Check payable to AHRC Suffolk Foundation)

___ VISA ___ MASTERCARD ___ AMEX ___ DISCOVER

Credit Card # _____ Exp. Date _____ Security Code _____

Name on card _____ Signature _____

___ I cannot participate at this time but please accept my gift/donation of \$ _____.

ASSUMPTION OF LIABILITY:

I HEREBY GIVE AHRC SUFFOLK, SOUTHAMPTON YOUTH SERVICES AND ELITE FEATS, WITHOUT COMPENSATION OR CONSIDERATION, PERMISSION TO USE PHOTOS, VIDEO AND/OR AUDIO TAPE THAT MAY BE TAKEN OR RECORDED WHILE ATTENDING SYS/AHRC SUFFOLK'S RUN FOR A REASON 5K RUN/WALK FOR PROMOTIONAL, EDUCATION OR FUNDRAISING ACTIVITIES. I WAIVE ANY RIGHT THAT I MAY HAVE TO INSPECT OR APPROVE OF THE FINISHED PRODUCT OR THE USE TO WHICH IT MAY BE APPLIED. I HEREBY CERTIFY THAT I AM IN APPROPRIATE PHYSICAL CONDITION TO PARTICIPATE IN SYS/AHRC SUFFOLK'S RUN FOR A REASON 5K RUN/WALK. IF MEDICAL ATTENTION IS REQUIRED FOR ILLNESS OR INJURY WHILE PARTICIPATING IN SYS/AHRC SUFFOLK'S RUN FOR A REASON 5K RUN/WALK, I GIVE MY PERMISSION FOR SUCH CARE AND I CERTIFY THAT I AM COVERED BY OUR FAMILY MEDICAL INSURANCE. AHRC SUFFOLK, SOUTHAMPTON YOUTH SERVICES, ELITE FEATS, SUFFOLK COUNTY AND ITS OFFICERS AND AGENTS ARE NOT RESPONSIBLE FOR AND WILL NOT PROVIDE PAYMENT FOR ANY MEDICAL, DENTAL, HOSPITAL OR LABORATORY FEES DUE TO INJURY INCURRED WHILE ATTENDING SYS/AHRC SUFFOLK'S RUN FOR A REASON 5K RUN/WALK. SIGNATURE OF EACH PARTICIPANT OR PARENT/GUARDIAN OF EACH MINOR PARTICIPANT REQUIRED.

SIGNATURE: _____ DATE _____