

Be Part of the Excitement
of the Inaugural

SEPTEMBER 13, 2015

Start & Finish at
Heckscher State Park



Steven Bellone
SUFFOLK COUNTY EXECUTIVE



2015 Suffolk County Marathon & Half Marathon to Support Our Veterans

September 13, 2015

8:00 am Start - Marathon & Half Marathon

ENTRY FEE:

Full: Through May 12 – \$65

May 13-September 1 – \$75

At Packet Pickup – \$90

Discounted rate for active military and veterans – \$50

Half: Through May 12 – \$55

May 13 - September 1 – \$65

At Packet Pickup – \$80

Discounted rate for active military and veterans – \$40

No Day of Race Registration!

REGISTER ONLINE at SuffolkMarathon.com. Online registration closes 5:00 PM September 1, 2015. Must be 13 or older on September 13, 2015 to enter half, must be 16 or older on September 13, 2015 to enter full.

All net proceeds will be used to expand and enhance services to local Suffolk County veterans



AMENITIES:

Scenic course through the vibrant downtowns of Suffolk County, finishing by the shore of Great South Bay in Heckscher State Park. A post-race Taste of Long Island Festival will be held, featuring live music, great food, and local, award-winning wines and craft brews. High quality technical shirts to all entrants.

COMPUTERIZED TIMING by Just Finish Inc. using the RFID Ultra timing system (with the chip built into the bib number).

Complete results will be posted online within 24 hours.

DIRECTIONS:

Directions: From Long Island Expressway, Exit 53, head south on Sagtikos State Parkway, east on Southern State Parkway, which becomes Heckscher State Parkway and leads directly to the Park.

AWARDS:

Medals to All Finishers! Awards to first ten male and female in full and half marathon, top three male & female veterans and top three male and female active armed services. Awards to first three male and female finishers in age-groups: 13-15 (half marathon), 16-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79 & 80-84, 85 & over, plus first male and female wheelchair finisher.

Clydesdale Divisions - Men: 185 to 199 lbs.: 200 lbs. and over.

Athena Divisions - Women: 140 to 159 lbs.; 160 lbs. and over.

FOR MORE INFORMATION Call Linda at the GLIRC Office (516) 349-7646

Suffolk County Marathon & Half Marathon to Support Our Veterans • September 13, 2015

Send Entry and Check (Payable to GLIRC) to: Greater Long Island Running Club, 101 Dupont Street, Suite 24, Plainview, NY 11803

ONLINE REGISTRATION AVAILABLE AT www.SuffolkMarathon.com thru 5:00 PM on September 1st.

First name: _____ Last Name: _____

Address: _____ Town: _____ State: _____ Zip: _____

Phone: _____ Email: _____

☐ Male ☐ Female Date of Birth: _____ Age on race day: _____ (Must be 13 or older on 9-13-15 to enter half, must be 16 or older on 9-13-15 to enter full)

MARATHON ☐ on or before 5/12/15-\$65 ☐ 5/13/15 to 9/1/15-\$75 ☐ Veteran-\$50 ☐ Active Armed Forces-\$50
HALF MARATHON ☐ on or before 5/12/15-\$55 ☐ 5/13/15 to 9/1/15-\$65 ☐ Veteran-\$40 ☐ Active Armed Forces-\$40

♥ Additional Donation to Veterans Groups \$ _____

☐ Clydesdale Male 185-199 ☐ Clydesdale Male 200+ ☐ Athena Female 140-159 ☐ Athena Female 160+ ☐ Wheelchair ☐ Veteran ☐ Active Armed Forces

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors and administrators, successors and assigns, hereby waive and release and hold harmless THE STATE OF NEW YORK, SUFFOLK COUNTY, VILLAGE OF PATCHOGUE, THE TOWN OF BROOKHAVEN, THE TOWN OF ISLIP, THE GREATER LONG ISLAND RUNNING CLUB, JUST FINISH INC., and all event sponsors, and their agents, employees, successors and assigns for any and all liabilities, claims, demands, and causes of action whatsoever arising directly or indirectly from my participation in this event, even if such liabilities, claims, demands and causes of action arise in whole or in part out of the negligence of any of the above organizations or individuals. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event, and that my physical condition has been verified by a licensed Medical Doctor. If signed by a parent, the parent agrees to release and hold the above-named organizations and individuals harmless of any claims and rights which might otherwise be asserted on behalf of the applicant. Further, I hereby grant permission to the Greater Long Island Running Club and to Suffolk County to use photographs, videos, and any other record of this event for any purpose whatsoever.

Signature: _____ Date: _____

If under 18 years old, signature of parent or guardian: _____