



5K Run/Walk and Fun Run

2015 Naming Sponsor



Sunday, September 27, 2015

8:30 a.m. - 11:00 a.m. at South Nassau Communities Hospital - One Healthy Way, Oceanside

5K Run/Walk begins at 9:00 a.m. sharp

**REFRESHMENTS · ENTERTAINMENT · RAFFLES
ALL ARE WELCOME**



Special Fun Run for Children Ages 5 - 11 at 8:30 a.m.

Supported by Oceanside Department of Community Activities

5K Run/Walk Pre-registration fee - only \$20

(\$10 for pre-registering participants 65 and older)

Pre-registration must be postmarked by September 24, 2015 · Day-of-race registration is \$25

All pre-registered participants for 5K Run/Walk receive Race T-shirt and Goody Bag.

One free raffle entry for wonderful prizes!

For information, call (516) 377-5370

5K Run computerized timing and scoring by Start to Finish Corporation

5K Run/Walk Registration Form

The 5K Run/Walk registration form must be received by September 24, 2015 to guarantee that you are pre-registered. T-shirts will be distributed the day of the event. Please complete a separate application form for each person participating, enclosing \$20 for each 5K Run/Walk participant (\$10 for age 65+) and \$10 for each Fun Run participant. Make checks payable to **South Nassau Communities Hospital**, External Affairs office, One Healthy Way, Oceanside, NY 11572.

FIRST NAME: _____ LAST NAME: _____ AGE: _____

STREET: _____ SEX: M F DATE OF BIRTH: ____/____/____

CITY: _____ STATE: _____ ZIP: _____ SNCH EMPLOYEE: YES

PHONE: _____ E-MAIL: _____

I agree to assume all responsibility and liability for any race timing device issued to me in connection with the Run/Walk. The Run/Walk will occur rain or shine, however if the event must be cancelled due to severe weather conditions or other circumstances beyond the hospital's control, no refunds will be issued.

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 I may have against South Nassau Communities Hospital, Oceanside School District, the Town of Hempstead, the County of Nassau, and all co-sponsors associated with the South Nassau Communities Hospital 5K Run/Walk, their employees, representatives, successors and assigns for any and all injuries suffered by me in the said event or claim for damages which I might otherwise have arising out of said event. I attest and verify that I am physically fit and have sufficiently trained for competition of this race and that my physical condition has been verified by a licensed medical doctor. I grant permission to all the foregoing to use my photographs, motion pictures, or any other record of this event for legitimate purposes. I have carefully read the above statement, I understand it, and my signature confirms its full acceptance.

SIGNATURE _____ DATE _____

(If under 18, must be signed by a parent or guardian)

I HAVE ENCLOSED: \$ _____ FOR 5K RUN \$ _____ FOR FUN RUN \$ _____ DONATION TO SOUTH NASSAU COMMUNITIES HOSPITAL