

Maryhaven Center of Hope Annual 5K Run/Walk



September 10th 2016
Holtsville Ecology Center
249 Buckley Rd, Holtsville, NY 11742

7:30am Check In; 9:00am Race Time; 10:45am Munchkin Fun Run

Registration \$25
Day of Race \$30
Children under 12 (*Munchkin Fun Run*) \$15
Family Discount (*must reside at same address. Limit 4*) \$50
(please submit one form per registrant)

* Munchkin Run - Kids test their skills on a mini obstacle course with munchkins at the finish line.

Timing by JustFinish.net
All proceeds go to benefit the individuals we serve!

Name: _____ Team Name (*If applicable*): _____

Address: _____ Phone: _____

Email address: _____ Website: _____

Shirt size (*circle one*): Small Medium Large X-Large XX Large XXX Large Child L Child M
T-shirts are not guaranteed after August 15th registration.

DOB: _____ Male: _____ Female: _____ Munchkin Fun Run: _____

Please contact Angelique.Anzini@chsli.org or Keith.Frain@chsli.org for more information.

In consideration of you accepting this entry, I, the participant, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against Maryhaven Center of Hope and all of their agents assisting with the event, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me, before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators or assignees. I also authorize the use of photographs or videos that include my image for promotional, informational, or other reasons deemed to be in the best interest of the event.

I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed medical doctor. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years of age) having read and agreed to this waiver.

Signature: _____ Date: _____

Parent or guardian (if under 18): _____

**To donate and/or register please go to: JustFinish.net/Justregister.net or
mail entry form/payment to Angelique Anzini, c/o Maryhaven Center of Hope,
200 Wilson Street, Suite 4E, Port Jefferson Station, NY 11776**



Maryhaven Center of Hope
Catholic Health Services
At the heart of health