



BLUE RIBBON RUN/WALK FOR PROSTATE CANCER®

Sunday, November 10, 2019

5K Run/Walk - 9:30 AM

Syosset-Woodbury Community Park
7800 Jericho Turnpike, Woodbury

**\$25 Pre-race Registration • \$22 preregistered GLIRC member
\$30 Race day Registration**

Exciting giveaway to every registrant!

Join Integrated Medical Foundation on Sunday, November 10, 2019, for the Blue Ribbon Run/Walk for Prostate Cancer®. Your participation will help fight prostate cancer by raising funds for prostate cancer awareness, education and support. It's time to focus on men's health. Help us help the men in your life by fighting prostate cancer, because early detection can save his life.

FREE ON-SITE PROSTATE CANCER SCREENINGS

FROM 8:00 AM TO 11:00 AM

Free PSA screenings will be available for all men age 40 plus who have not been previously diagnosed with prostate cancer.

THE COURSE

A 5 kilometer (3.109 mile) course winding through the beautiful Syosset-Woodbury Community Park and surrounding neighborhoods.

DIRECTIONS

Take Long Island Expressway to Exit 44 North (Route 135); follow 135 north to Jericho Turnpike (Rte 25) East, turn right at second light into Syosset-Woodbury Community Park; proceed to Clubhouse/Community Center..

AWARDS

Top Male and Female Overall, Top Male and Female Masters
Top 3 male and female finishers in the following age categories:
14 and under, 15-19, 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, 85-89 & 90 plus
Top 3 Clydesdales 185-199 pounds, 200 pounds plus
Top 3 Athena women 140-159 pounds, 160 pounds plus

To become a sponsor email RSamuel@imfcares.org

RACE & EXHIBIT MANAGEMENT

Race Administration, Greater Long Island Running Club
Race Director, Rhonda Samuel
Health Exhibit Chair, Deborah Sragg
Prostate Screening Chair, Doreen Otero
FOR MORE INFO, call Mike Polansky at (516) 349-7646
or Rhonda Samuel at (631) 247-0100
Timing and scoring by JMS Racing Services
Results available immediately at glirc.org and jmsresults.com

HOW TO REGISTER

REGISTER ONLINE AT GLIRC.ORG OR IMFCARES.ORG

Online registration closes at 5:00 PM on Friday, November 8, 2019

Use the attached form to register by mail

Make your check payable to "GLIRC" and send to:

Greater Long Island Running Club

101 Dupont Street, Suite 24, Plainview, New York 11803

REGISTRATION AND PACKET PICKUP

Saturday, Nov. 9, Noon to 5:00 PM

The Runner's Edge, 242 Main Street, Farmingdale

Sunday, November 10, 7:45 AM to 9:15 AM

Syosset-Woodbury Community Park



Joseph Saladino
Town Supervisor

oncotypeDX®
Genomic Prostate Score

abbvie

Janssen • Tolmar • Pfizer
Polaris/My Risk • Dendreon • Bayer



Register online at www.IMFcares.org or glirc.org

Online registration closes at 5:00 PM on Friday, November 8, 2019

First Name _____ Last Name _____

Address _____ Town _____ State _____ Zip _____

Phone () _____ Email _____ Age on Race Day _____ Date of Birth: ____/____/____

Sex: M F GLIRC member | Clydesdale/Athena? Check one: Male 185-199 Male 200+ Female 140-159 Female 160+ Shirt size: S M L XL

Additional contribution to fight prostate cancer (or donate online at imf.cares.org) \$ _____

WAIVER/RELEASE MUST BE SIGNED BEFORE MAILING

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors and administrators, hereby voluntarily waive, release, discharge and hold harmless, THE GREATER LONG ISLAND RUNNING CLUB, INTEGRATED MEDICAL FOUNDATION, JMS RACING SERVICES, THE TOWN OF OYSTER BAY, NASSAU COUNTY, all event sponsors, and the agents, employees, successors and assigns of all of the preceding, from 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, that my physical condition has been verified by a licensed Medical Doctor, and that I assume full responsibility for my participation in this event. I also give my full permission for such first aid as deemed necessary to be provided to me or my child on premises or prior to transport to a hospital for further treatment. 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 have been asserted on behalf of the applicant. Further, I hereby grant permission to any and all of the foregoing organizations and individuals to use photographs, videotapes, motion pictures, recordings, and any other record of this event for any purpose whatsoever. I have read this release, fully understand its contents, and am aware of the legal consequences of signing this release.

Signature: _____ Date: _____

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