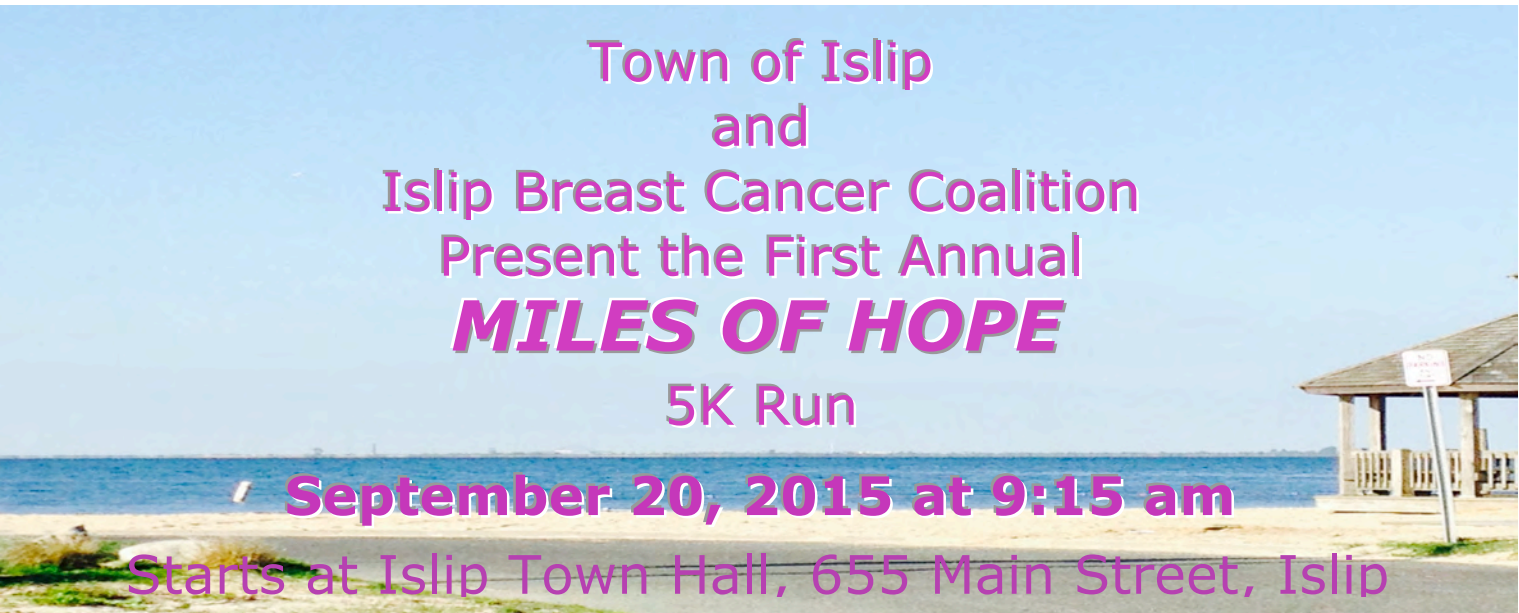


**Town of Islip
and
Islip Breast Cancer Coalition
Present the First Annual
MILES OF HOPE
5K Run**

September 20, 2015 at 9:15 am

Starts at Islip Town Hall, 655 Main Street, Islip



**Miles of Hope
5K Breast Cancer Run
Sunday, September 20, 2015**

Register now at: www.islipbreastcancer.com

**ENTRY, RELEASE AND WAIVER OF LIABILITY FORM MILES OF HOPE 5K
BREAST CANCER RUN**

Pre-registration \$25

Registration day of race \$35

One Mile Family Fun Run (Children 12 and under) \$10, includes Pink Pumpkin Painting

Make Checks Payable to: Islip Breast Cancer Coalition

Mail to: 301 East Main Street, Nash Hall, Bay Shore, NY 11706 Attn: Miles of Hope 5k Run

Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Email: _____ Birth Date: ____/____/____ Age: ____
 Male Shirt Sizes: __XS__S__M__L__XL__2XL
 Female Shirt Sizes: __XS__S__M__L__XL__2XL
 Breast Cancer Survivor?: __Yes__No



PLEASE COMPLETE THIS ENTRY AND RELEASE AND WAIVER OF LIABILITY FORM, READ THE FOLLOWING STATEMENT, AND SIGN WHERE INDICATED: In consideration of your accepting this entry, I, the undersigned participant, intending to be legally bound, do hereby for myself, and/or my child, and for my heirs, executors, successors, administrators and assigns, hereby FULLY AND FOREVER WAIVE, RELEASE, HOLD HARMLESS AND COVENANT NOT TO SUE TOWN OF ISLIP, ISLIP BREAST CANCER COALITION, all race sponsors, and their parents, partners, subsidiaries and affiliates, agents, employees, officers, representatives, successors and assigns (collectively, "Event Sponsors"), from any and all liabilities, injuries, losses, claims, demands and causes of action of any kind, arising out of or in connection with the 5K Event, my and/or my child's participation in the 5K Event or use of any related facilities, WHETHER OR NOT ARISING IN WHOLE OR IN PART OUT OF THE FAULT OR NEGLIGENCE OF ANY OF THE ABOVEMENTIONED ORGANIZATIONS OR INDIVIDUALS EVENT SPONSOR. I UNDERSTAND THAT THIS IS A RELEASE AND WAIVER OF LIABILITY AND WILL PREVENT ME, MY CHILD OR MY HEIRS FROM FILING SUIT OR MAKING ANY CLAIM FOR DAMAGES AGAINST ANY OF THE 5K EVENT SPONSORS IN THE EVENT OF INJURY OR DEATH ARISING FROM MY PARTICIPATION AND/OR MY CHILD'S PARTICIPATION IN THE 5K EVENT. The undersigned participant attests and verifies that I AM, AND/OR MY CHILD IS, PHYSICALLY FIT AND IS ABLE TO SAFELY PARTICIPATE IN THE 5K EVENT, and that my and/or my child's physical condition has been verified by a licensed Medical Doctor or doctor of Osteopathic Medicine. The undersigned is FULLY AWARE OF THE RISKS AND HAZARDS INHERENT IN PARTICIPATING IN THE 5K EVENT AND HEREBY ELECTS TO VOLUNTARILY, AND/OR CONSENTS TO ALLOW HIS/HER CHILD TO, PARTICIPATE, knowing the risks associated with the 5K Event. The undersigned ASSUMES ALL RISKS OF LOSS(ES), DAMAGE(S), OR INJURY(IES) that may be sustained by him/her, and/or his/her child, while participating in the 5K Event. In the event that I file or my child or any legal representative files a claim or a lawsuit arising out of my participation and/ or my child's participation in the 5K Event against any Event Sponsor, I AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS the Event Sponsors for any damages, attorney's fees or costs arising out of such a claim or lawsuit. Additionally, I agree that this release will be admissible into evidence. Further, I hereby grant permission for the TOWN OF ISLIP AND ISLIP BREAST CANCER COALITION to use photographs, videos, motion pictures, recording, and any other record of this event for any purpose whatsoever.

Signature: _____ (If under 18, Parental/Guardian Signature)

Date: _____

ISLIP TOWN REPUBLICAN COMMITTEE • CHARLES MORGAN, INC.

