



# Join us for the 2<sup>nd</sup> Annual **HOPE RUNS HERE**

## 5K BREAST CANCER RUN/WALK

**Sat., August 18, 2012 • 8:30 AM**  
**Westfield Sunrise Property**

**One Sunrise Mall • Massapequa, New York**

**\$20 Preregistered\* • \$25 Day-of-Race**

\* (online registration closes 9 a.m. Friday, August 17, 2012)

Proceeds benefit the LI2Day Breast Cancer Walk



LONG ISLAND  
TRACK & FIELD 2012



**RAPHAELSON LEVINE**  
LAW FIRM P.C.



**WAL\*MART**



**John Venditto**  
Town Supervisor



**Just Finish Inc.**  
For All Your Timing & Scoring Needs

### ENTRY, RELEASE & WAIVER OF LIABILITY FORM HOPE RUNS HERE 5K BREAST CANCER RUN/WALK

Make checks payable to LI2BCW Mail to: P.O. Box 506 Nesconset, NY 11767

Name (First): \_\_\_\_\_ (Last): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Phone #: ( ) \_\_\_\_\_ Cell Phone #: ( ) \_\_\_\_\_

Age on 8-18-12: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  M  F Breast Cancer Survivor?  YES  NO

E-mail address: \_\_\_\_\_ Additional contribution: \$ \_\_\_\_\_

#### 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** LONG ISLAND 2 DAY WALK TO FIGHT BREAST CANCER, THE TOWN OF OYSTER BAY, WESTFIELD, LLC, SUNRISE MALL LLC, WESTFIELD AMERICA LIMITED PARTNERSHIP, 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 Event, my and/or my child's participation in the 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 EVENT SPONSORS IN THE EVENT OF INJURY OR DEATH ARISING FROM MY PARTICIPATION AND/OR MY CHILD'S PARTICIPATION IN THE 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 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 EVENT AND HEREBY ELECTS TO VOLUNTARILY, AND/OR CONSENTS TO ALLOW HIS/HER CHILD TO, PARTICIPATE**, knowing the risks associated with the 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 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 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 Long Island 2 Day Walk to Fight Breast Cancer to use photographs, videos, motion pictures, recording, and any other record of this event for any purpose whatsoever.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_ If under 18 years old, signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

If signed by a parent or guardian, the parent or guardian certifies that my son/daughter/ward has my permission to participate in the Event and has read and understands the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT FORM above and by signing intentionally and voluntarily agrees to its terms and conditions. The participant's parent/guardian further certifies that my son/daughter/ward is in good physical condition and is able to safely participate in the Event.

**RACE DAY AWARDS, GREAT RAFFLES INCLUDING A VACATION PACKAGE WITH AIRLINE VOUCHERS, FLAT SCREEN TV AND MORE! FOR MORE INFORMATION OR TO REGISTER VISIT**

**WWW.LI2DAYWALK.ORG/5K.ASP**