



**11th Annual
Run for Your Life
5K Run & Recovery Walk
September 24, 2016**

Registration Form

Fill out one form per person. Please bring the form with you to the registration desk at Icahn Stadium on the morning of the race or mail the form and registration fee (checks made payable to Odyssey Foundation) by September 16, 2016 to: Odyssey Foundation, 120 Wall St, 17th Floor, New York, NY 10005

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE _____

GENDER: MALE FEMALE AGE _____

T-SHIRT SIZE: S M L XL XXL

EVENT ENTERED: 5K RUN RECOVERY WALK

REGISTRATION:

ADULT: \$20

CHILD (13-17 yrs): \$20

CHILD (under 12 yrs): Free

ADDITIONAL DONATION _____

Waiver/Release: In consideration of acceptance of the application, I assume all risks associated with running in the Odyssey House Run for Your Life 5K Run / Recovery Walk, including but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and conditions of the road. Having read this waiver and knowing all the facts, I myself, my heirs, and anyone entitled to act on my behalf, waive and release Odyssey House, Odyssey Foundation, Randall's Island Sports Foundation, Armory Foundation, New York State and the City of New York and their respective trustees, officers, employees and agents, and all sponsors and their representatives and successors, from present and future claims and liabilities of any kind, known or unknown, arising out of my participation in this event or related activities. I agree to permit medical assistance to be provided to me if my participation in the race warrants it. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Signature of participant

Date

(parent/guardian if participant under 18 years of age)

SPECIAL OFFER! Raise \$100 and we will waive your registration fee! SPECIAL OFFER!