



Odyssey House
Where recovery gets real

12th Annual Run for Your Life 5K Run & Recovery Walk

September 9, 2017

Treatment Program Registration Form

Please bring the form(s) with you to the registration desk at Icahn Stadium on the morning of the race or mail the form by September 1, 2017 to: Odyssey Foundation, 120 Wall St, 17th Floor, New York, NY 10005.

PROGRAM _____ CONTACT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE _____

Waiver/Release: In consideration of acceptance of the application, I assume all risks associated with participating in the Odyssey House Run for Your Life 5K Fun Run, 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, 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.

Please indicate which event you'd like to enter: 5K Run or Recovery Walk

NAME _____ SIGNATURE _____ EVENT _____

NAME _____ SIGNATURE _____ EVENT _____

NAME _____ SIGNATURE _____ EVENT _____

NAME _____ SIGNATURE _____ EVENT _____

NAME _____ SIGNATURE _____ EVENT _____

