

11th Annual Run for Your Life

5K Run & Recovery Walk September 9, 2017

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 1, 2017 to: Odyssey Foundation, 120 Wall St, 17th Floor, New York, NY 10005

| NAME | |
|--|--|
| ADDRESS | |
| CITY | STATE ZIP |
| EMAIL | |
| | |
| T-SHIRT SIZE: S M L XL XXL | |
| EVENT ENTERED: ☐ 5K RUN ☐ RECOVERY WALI | K |
| REGISTRATION: | |
| ☐ ADULT: \$20 | |
| ☐ CHILD (13-17 yrs): \$20 | |
| ☐ CHILD (under 12 yrs): Free | |
| □ ADDITIONAL DONATION | |
| Waiver/Release: In consideration of acceptance of the applitude of the Odyssey House Run for Your Life 5K Run / Recovery Wall participants, the effects of the weather, including high heat Having read this waiver and knowing all the facts, I myself, waive and release Odyssey House, Odyssey Foundation, Rank York State and the City of New York and their respective truand their representatives and successors, from present and unknown, arising out of my participation in this event or rebe provided to me if my participation in the race warrants a photographs, motion pictures, recordings or any other recordings. | k, including but not limited to falls, contact with other t and/or humidity, traffic and conditions of the road. my heirs, and anyone entitled to act on my behalf, dall's Island Sports Foundation, Armory Foundation, New ustees, officers, employees and agents, and all sponsors future claims and liabilities of any kind, known or lated activities. I agree to permit medical assistance to it. I grant permission to all of the foregoing to use any |
| Signature of participant | Date |
| (parent/guardian if participant under 18 years of age) | |