

14th Annual Run for Your Life 5K Run & Recovery Walk September 14, 2019

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 6, 2019 to: Odyssey Foundation, 120 Wall St, 17th Floor, New York, NY 10005.

PROGRAM	CONTACT		
ADDRESS			
CITY	STATE	ZIP	
EMAIL	PHON	PHONE	
the Odyssey House Run for You the effects of the weather, independent waiver and knowing all the far Odyssey House, Odyssey Found their respective trustees, offic from present and future clain event or related activities. I contain warrants it. I grant permission other record of this event for	tion of acceptance of the application, I assume all risur Life 5K Fun Run, including but not limited to falls, acluding high heat and/or humidity, traffic and conditions, I myself, my heirs, and anyone entitled to act on dation, Randall's Island Sports Foundation, New York Scers, employees and agents, and all sponsors and their and liabilities of any kind, known or unknown, arisingree to permit medical assistance to be provided to me to all of the foregoing to use any photographs, motionally legitimate purpose. Vent you'd like to enter: 5K Run or Recover	contact with other participants, ons of the road. Having read this my behalf, waive and release state and the City of New York and r representatives and successors, ing out of my participation in this me if my participation in the race ion pictures, recordings or any	
NAME	SIGNATURE	EVENT	

Odyssey House *Run for Your Life* 5K Run & Recovery Walk Treatment Program Registration Form

PROGRAM		
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	CICNATURE	
NAME	SIGNATURE	EVENT
NAME	SIGNATURE	EVENT
.,,,,	3.3.4.1.3.1.2	272
NAME	SIGNATURE	EVENT
NAME	SIGNATURE	EVENT
NAME	SIGNATURE	EVENT
		57.57.15
NAME	SIGNATURE	EVENT
NAME	SIGNATURE	EVENT
NAME	SIGNATURE	EVENT
NAME	SIGNATURE	EVENT

SIGNATURE

EVENT

NAME