

15th Annual Run for Your Life

5K Run & Recovery Walk September 12, 2020

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 of NY, Inc.) by September 4, 2020 to Odyssey Foundation, 120 Wall St, 17th Fl, NY, NY 10005.

NAME	
ADDRESS	
CITY	STATE ZIP
EMAIL	PHONE
GENDER: □ MALE □ FEMALE AGE	
T-SHIRT SIZE: \square S \square M \square L \square XL \square XXL	-
EVENT ENTERED: □ 5K RUN □ RECOVERY WAL	.K
REGISTRATION:	
☐ ADULT: \$25	
☐ CHILD (13-17 yrs): \$25	
☐ CHILD (under 12 yrs): Free	
□ ADDITIONAL DONATION	
Waiver/Release: In consideration of acceptance of the apple the Odyssey House Run for Your Life 5K Run / Recovery Wal participants, the effects of the weather, including high hea Having read this waiver and knowing all the facts, I myself waive and release Odyssey House, Odyssey Foundation, Ran York State and the City of New York and their respective tr and their representatives and successors, from present and unknown, arising out of my participation in this event or re be provided to me if my participation in the race warrants photographs, motion pictures, recordings or any other reco	Ik, including but not limited to falls, contact with other at and/or humidity, traffic and conditions of the road. It and/or humidity, traffic and conditions of the road. If my heirs, and anyone entitled to act on my behalf, and all's Island Sports Foundation, Armory Foundation, New sustees, officers, employees and agents, and all sponsors of future claims and liabilities of any kind, known or elated 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)	