

Run For The Health Of It – Saturday, May 8th 2010



VISITING NURSE SERVICE &
HOSPICE OF SUFFOLK, INC.

10th Annual
5K Race/Walk
Kids Fun Run

Run For The Health Of It

We are thankful to have the support of our sponsors.



PROCEEDS SUPPORT OUR
ANNUAL BEREAVEMENT RETREAT FOR CHILDREN

Date: Saturday, May 8, 2010

Time: 8:30 AM – Kids Fun Run - Untimed
9:00 AM – 5K (**RAIN OR SHINE**)

Day of Race Check In & Location:

7:30 AM – 8:30 AM
Visiting Nurse Service & Hospice of Suffolk
505 Main St., Northport, NY

Day of Race Entry Fee:

\$25 – 5K; \$10 – Kids Fun Run

Pre-Race Check In:

Visiting Nurse Service & Hospice of Suffolk
505 Main Street, Northport
May 6, 10:00 AM - 4:00 PM
Super Runners Shop
355 New York Ave. Huntington
May 7, 10:00 AM - 7:00 PM

Pre-Race Entry Fee:

Must be received by May 7, 2010
\$20 – 5K Race/Walk (\$25.00 Day of Race)
\$10 – Untimed Kids Fun Run

Awards:

- Top 3 Overall Male & Female Awards provided by Super Runners Shop
- Awards for Top 3 finishers in each of the following age categories:
14 & under, 15 -19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-75, 75+ and Wheelchairs

Course:

A challenging rolling hills course includes 1.6K of the historic Cow Harbor course.

Results posted at www.flrrt.com

Information:

631.930.9310

Directions:

From East: LIE exit 53N, (Sunken Meadow Pkwy) proceed N. to 25A W. Go 4.5 miles to Main St. (Pumpnickels Restaurant) turn right. Go 1/2 mile to Visiting Nurse Service & Hospice of Suffolk. **From West:** Northern St. Pkwy E. to exit 42N. Bear right at fork to E. Deer Park Ave. Merge w/Jericho Tpke (1/2 mile) stay in left lane. Turn left on Elwood Rd. Proceed N. past Pulaski Rd. & 25A (approx. 3 miles). Road turns into Reservoir after crossing 25A. Follow to Main St. and make right. Follow 1/2 mile to Visiting Nurse Service & Hospice of Suffolk.

Official Entry Form:

Make checks payable to & mail to:

Visiting Nurse Service & Hospice of Suffolk
at 505 Main Street, Northport NY 11768

Pre-registration fees must be received by May 7th.

- 5K Run \$20 Walk \$20 Kids Fun Run \$10
 Male Female Nurse

_____ Date of Birth _____ Age (Mandatory for race)

Name (Please print clearly)

Street

City State Zip

Phone

I'd like to support the Children's Bereavement Retreat with:

DONATIONS: \$ _____

RACE FEES: \$ _____

M/C Visa Check TOTAL: \$ _____

Name on card: _____

Account number: _____

Exp. Date: _____ Phone: _____

I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive, release and hold harmless (Race Organizer, Race Director, Sponsor 1, Sponsor 2, Municipality) and their agents, employees, representatives, successors and assigns, from any and all liabilities, claims, demands and causes of action whatsoever arising directly or indirectly from my participation in this event, even if any such liabilities, claims, demands and causes of action arise in whole or in part out of the negligence of any of the above-mentioned organization or individuals. (If signed by a parent, the parent agrees to waive, release and hold harmless the above-mentioned organizations and individuals from any all said liabilities, claims and causes of action which may be asserted on behalf of the entrant.)

I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed medical doctor. Further, I hereby grant permission to any of the above mentioned organizations and individuals to use any photographs, videotapes, recording or any other record of this event and my participation.

All entrants must sign. Parent must sign if under 18

Emergency Contact (name and phone number)