

**SEND COMPLETED FORM TO:**  
**FORESTBURGH 5K RUN/WALK**  
 c/o Hospice of Orange & Sullivan Counties  
 PO Box 26  
 FORESTBURGH, NY 12777

**FORESTBURGH 5K RUN/WALK ENTRY FORM** AUGUST 14th, 2010  
 Make check payable to: Hospice of Orange and Sullivan Counties, Inc and mail to:  
 Forestburgh 5K Run/Walk, c/o Hospice of Orange & Sullivan Counties  
 PO Box 26, Forestburgh, NY 12777  
 Entry fee \$18(\$20 on race-day), Children 10 and under FREE



# Forestburgh 5K Run/Walk

Saturday August 14th, 2010  
 8:30 AM

A Timed 5K Race To Benefit:  
**Hospice of Orange & Sullivan Counties**

Directions from Monticello:  
 Go 3.7 miles past Monticello High School on Rt.42 South. Make left at sign for "Lake Joseph". Race starts at intersection of Lake Joseph Rd. and Adam Rd.

Name(last): \_\_\_\_\_ (first): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Age(race-day): \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Sex: male \_\_\_\_\_ female \_\_\_\_\_ Run \_\_\_\_\_ Walk \_\_\_\_\_  
 T-shirt size(circle): S M L XL

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AGREEMENT (PLEASE READ CAREFULLY) In consideration of your accepting this entry, I the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims I may have against the Hospice of Orange and Sullivan Counties, Inc., Lake Joseph H.O.A., Republic Lake Joseph, The Inn at Lake Joseph, Town of Forestburgh, County of Sullivan, and any and all sponsors, their representatives, successors, assigns, employees, members. That I will participate in this event as a foot entrant, that I am physically fit and have sufficiently trained for the completion of this event, whichever I hereby apply for or both if I so choose, and my physical condition has been verified by a licensed Medical Doctor. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any legitimate purpose.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent signature(if under 18 years of age): \_\_\_\_\_

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- |                                |                                 |                                 |
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**T-Shirts:** Given to the first 150 registrants  
**Awards:** Top three in each age group(only runners)