



ON YOUR MARK, GET SET, GO!
COME RUN WITH US

14TH ANNUAL
5K WALK/RUN FOR EDUCATION
SUNDAY, OCTOBER 1
ELWOOD MIDDLE SCHOOL

**1 MILE
FUN RUN**

8:45am

Can you run a lap, 2 laps
or how about a mile?

*T-shirts for the
First 300 registrants
*Refreshments & music
*Top awards for 5K
*Prizes for Fun Run

**5K
WALK/RUN**

9:30am

They're back!
Who will beat Mr.
Burke & Mrs. Weiss
at the 5K?



Entire net proceeds fund the EEE grant program which directly benefits students in the Elwood School District.
For more information call (631) 213-9873, visit www.elwoodendowment.org or email: eee5krace@gmail.com.

EEE is a 501(c)3 not for profit corporation. This is not an Elwood School District activity.

REGISTER ONLINE: www.elwoodendowment.org or complete this **ENTRY FORM** and mail with check payable to
Elwood Education Endowment PO Box 1368, Elwood, NY 11731 or return to school in envelope marked "EEE"
(one form per participant) Walk-in registration on 10/1 7:30am-9am for 5K and until 8:30am for Fun Run



First Name _____ Last Name _____ Date of birth _____ Male Female

Address, City, State, Zip _____

Phone _____ Email _____

Registration Fees

5K: (adult) \$25 by 9/22/17, \$30 after 9/22/17 or donated amount \$_____ (from back page)

5K (Elwood student) \$15 by 9/22/17, \$20 after 9/22/17 or donated amount \$_____ (from back page)

1 Mile Fun Run: (all ages) \$15 by 9/22/17, \$20 after 9/22/17 or donated amount \$_____ (from back page)

Elwood Students, please specify JGHS EMS Boyd Harley

EUFSO staff & faculty, please specify JGHS EMS Boyd Harley District office

Additional Donation \$ _____ Total Enclosed \$ _____

For Staff Use:

Bib#: _____

Check#: _____

In consideration of your accepting this entry, I the undersigned, intending to be legally bound, for myself, my heirs, executors and administrators, hereby waive and release and hold harmless the Elwood Education Endowment, the Elwood School District, Town of Huntington/Department of Highways, Suffolk County, Just Finish, Inc., USA Track and Field, all sponsors of this event and their representatives, successors and assigns, for any and all liabilities, claims, demands, and causes of action arising in whole or part out of the negligence of any of the above organizations or individuals. 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. If signed by a parent, the parent agrees to release and hold the above named organizations and personnel harmless of any claims and rights that may be asserted on behalf of the entrant. Further, I hereby grant permission to any and all of the foregoing organizations to use photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose whatever.

Signature

(Parent signature if participant is under 18)

Date

