



RAPHAELSON LEVINE  
LAW FIRM P.C.

# HOPE RUNS HERE

5K RUN/WALK IN LOVING MEMORY OF BONNIE LEVINE

August 17, 2019 • 8:30 AM

WESTFIELD SUNRISE MALL  
MASSAPEQUA, NY

## ENTRY, RELEASE & WAIVER OF LIABILITY FORM HOPE RUNS HERE 5K RUN/WALK

Make checks payable to: LI2DBCW • Mail to: P.O. BOX 506 NESCONSET, NY 11767 • ATTN: HOPE RUNS HERE 5K

PLEASE SUBMIT ONE ENTRY FORM PER PARTICIPANT.

\$25 5K Run Pre-Registration     \$30 5K Run Day-of-Race

Name (First): \_\_\_\_\_ (Last): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Gender:  M  F

Athena (160 lbs.+)     Clydesdale (220 lbs.+)    Cancer Survivor?  Y  N    Breast Cancer Survivor?  Y  N

Team Name: \_\_\_\_\_

Male Shirt:  S     M     L     XL     2XL    Female Shirt:  S     M     L     XL     2XL

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age on 8/17/2019: \_\_\_\_ Additional contribution to benefit LI2DAY: \$ \_\_\_\_

E-mail address: \_\_\_\_\_

Please complete the entry blank, read the following statement, and sign below: In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors and administrators, hereby voluntarily waive, release and hold harmless LONG ISLAND 2 DAY WALK TO FIGHT BREAST CANCER, THE TOWN OF OYSTER BAY, WESTFIELD, LLC, SUNRISE MALL LLC, WESTFIELD AMERICA LIMITED PARTNERSHIP, USATF and all event sponsors, and the agents, employees, successors and assigns of all of the preceding, from any and all liabilities, claims, demands, and causes of action whatsoever arising directly or indirectly from my participation in this event, even if such liabilities, claims, demands and causes of action arise in whole or in 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 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 individuals harmless of any claims and rights which might otherwise have been asserted on behalf of the applicant. Further, I hereby grant permission to any and all of the foregoing organizations and individuals to use photographs, videotapes, motion pictures, recordings, and any other record of this event for any purpose whatsoever.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

If under 18 years old,  
signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

REGISTER ONLINE: [WWW.HOPERUNSHERE.ORG](http://WWW.HOPERUNSHERE.ORG)