

Name	Phone #
Circle One: 5K Run	- 1 Mile Walk
Age: M/F	Shirt Size: S M L XL 2XL
Address	
City/State	Zip
Email	
	Date
Signature	

Please return this cut-off slip with your check made payable to AME, 30 Orville Drive, Suite A, Bohemia, NY 11716

I know that running a road race is a potentially hazardous activity. I agree not to enter and participate unless I am medically able and properly trained. I agree to abide by any decision of an event official relative to my ability to safely complete the event. I assume all risks associated with running in this event, including but not limited to change in running surfaces, falls, contact with other participants, or spectators, the effect of weather including cold, snow, and ice, traffic and conditions of the road, all such risks being known and appreciated by me. Therefore, in consideration of your accepting this entry, I the undersigned, intending to be legally bound, do hereby declare myself, my heirs, executors, administrators and assigns, do waive and release all rights and claims for any damages I may have against Suffolk County, officers, volunteers, and all the aforementioned representatives, employees, and successors, agents and assigns, for any and all injuries suffered by me in this sponsored event.



