

# ENTENMANN'S GREAT SOUTH BAY RUN

## SATURDAY, OCTOBER 4, 2008

**APPLICATION (please print)**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_  
(ON RACE DAY)

STREET NAME: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ CHIP CODE: \_\_\_\_\_

RACE: (Circle One)      HALF MARATHON      10K      5K      WALKERS (restricted to 5K and 10K only)

T-SHIRT SIZE: (Circle One)      Small      Medium      Large      Ex-Large

ESTIMATED TIME: \_\_\_\_\_ Please check box if you ran in 2007

MAKE CHECKS PAYABLE TO: TOWN OF ISLIP RECREATION DEPARTMENT

MAIL TO: Town of Islip Recreation Department, 50 Irish Lane, East Islip, NY 11730 • Attention: Sports Office

WAIVER: In consideration of the acceptance of my entry, I do hereby, for myself, my heirs, executors, and administrators, waive, release and forever discharge any and all rights and claims for damages which may hereafter accrue to me while traveling to and from or participating in the Great South Bay Run, against the Town of Islip, Bay Shore Chamber of Commerce, Great South Bay YMCA, North Shore LIJ Southside Hospital, Entenmann's Inc., the County of Suffolk, the Village of Brightwaters, and the State of New York, and their respective police, fire and emergency agencies, or their respective officers, agents, representatives, or successors along with any sponsors, supporters and volunteers of said even, as a result of my participation in said run. I also give permission for the free use of my name, picture or likeness in any account for the promotion of this race. I hereby attest and verify that I have full knowledge of the risks involved in participating in this event and that I am physically fit and sufficiently trained to participate for the completion of this event and that my physical condition has been verified by a licensed medical doctor. I have read the above statement, I understand it, and my signature confirms its full acceptance.

DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_