



Joseph McDonald/Bill Crusie Memorial Run To Benefit Miles of Hope 31st Year 5K/ 10K/ 1 Mile Kids Run/5K Walk



Date: Saturday, June 7, 2008

Time: 8:15 am for 1 mile kids run for boys and girls up to age 14
8:30 am for 5K runners and walkers
9:00 am for 10K (runners only)

Place: Mesier Park, Route 9D, Wappingers Falls, NY 12590

Registration: Opens at 7:30 am

Fees: Pre-registration

\$10 for MHRRC members, runners and walkers
\$12 for non club members, runners and walkers
\$ 8 for kids 1 mile (no walkers)

Race Day

\$15 for 5K and 10K, runners and walkers
\$8 for kids 1 mile

Awards: Men: up to 18, 19-29, 30-39, 40-49, 50-59, 60-69, 70+
Women: up to 18, 19-29, 30-39, 40-49, 50-59, 60+
Kids 1 mile: up to 7, 8-10, 11-13
Walkers in 5K: first 10 to finish

Info: Pete Sanfilippo (845) 297-7950 or email petesan@optonline.net

Send to: Checks payable to Pete Sanfilippo and mail to
Pete Sanfilippo, 8 Carmine Drive, Wappingers Falls, NY 12590

Restrictions: No roller blades, baby strollers, dogs, showers

I know that running and road racing are potentially hazardous activities. I will not enter this race unless I am medically able and properly trained. I assume all risks associated with this event, including but not limited to, falls, contact with other participants, the effects of the weather including low temperature and/or precipitation, traffic, and the condition of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, in consideration of accepting this entry, I, the undersigned, intending to be legally bound, for myself, my heirs, executors, and administrators, waive and release any and all claims for damages I may have against the Mid-Hudson Road Runners Club, Town of Wappingers, sponsors, Race Director, and their agents, employees representatives, successors, and assigns, from any and all liabilities, claims, demands, and causes of action whatsoever arising directly or indirectly from my participation in this event.

Name: _____
Address: _____

Age: _____ **Gender:** F M
Date of Birth: _____
Circle one: 5K 10K 5K walk 1 mi Kids
Circle t-shirt size: S M L XL

Phone: _____
Signature: _____
(Parent's signature if under 18)

MHRRC Membership \$15 [] 1 year (optional) \$22 [] 2 year (optional) \$30 [] 3 year (optional)
