

**rcadd**

Rockland Council on Alcoholism and  
other Drug Dependence, Inc.



# Recovery Rally 5K

Marydell Faith & Life Center: 640 N Midland Ave., Nyack, NY  
On-the-web directions: <http://www.sistersrcd.org/marydell.htm>

**5K Race and 1 Mile Recovery Walk**  
**Saturday, September 17, 2011**  
**Both Events Start at 9 am**

<b>Registration Fee:</b>	5K—\$22.00 pre-registration (before 9/3/2011) \$25.00 race day registration 1 mile recovery walk—no charge (no T-shirt/ no awards)
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**Awards:** Awards presented to: the top three (3) overall male/ female runners &  
Top 3 overall walkers  
Top three (3) age-group awards in the following categories -  
14 & under, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70 & over

**T-shirts:** Race T-shirts guaranteed to the 1st 100 pre-registrants

<b>Make checks payable to and mail to RCADD, 25 Smith St.-suite 101, Nanuet, NY 10954</b> <b>For more information contact RCADD (845) 215-9788 or contact Walter Johnston at</b> <b>heruns@optonline.net or call (845) 504-0917</b>
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First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Male  Female   
Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ email \_\_\_\_\_ Race day age \_\_\_\_\_ DOB \_\_\_\_\_  
 Run  Walk WAIVER T-shirt size:  sm  med  lg  xlg

I DEEM MYSELF TO BE MEDICALLY ABLE AND PROPERLY TRAINED TO PARTICIPATE IN THIS EVENT. I AGREE TO ABIDE BY ANY DECISION OF A RACE OFFICIAL AS TO MY ABILITY TO COMPLETE THIS EVENT. I ASSUME ALL RISKS ASSOCIATED RUNNING IN THIS EVENT INCLUDING, BUT NOT LIMITED TO, FALLS, CONTACT WITH OTHER PARTICIPANTS, THE EFFECTS OF WEATHER, CONDITIONS ON THE ROAD AND TRAFFIC ON THE COURSE. HAVING READ THIS WAIVER, I HEREBY WAIVE AND RELEASE RCADD, THE ROCKLAND ROAD RUNNERS, THE TOWN OF CLARKSTOWN, THE VILLAGE OF UPPER NYACK, COUNTY OF ROCKLAND, FAST FINISHES AND ALL SPONSORS, THEIR REPRESENTATIVES AND SUCCESSORS FOR ALL CLAIMS OR LIABILITIES OF ANY KIND ARISING OUT OF MY PARTICIPATION IN THIS EVENT EVEN THOUGH THAT LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF PERSONS NAMED IN THIS WAIVER. I UNDERSTAND THAT THERE ARE ABSOLUTELY NO REFUNDS, EXCHANGES OR TRANSFERS.

Signature (parent if under 18) \_\_\_\_\_ Date \_\_\_\_\_