# EARLY REGISTRATION

## LONG ISLAND RUN FOR THE WARRIORS® IN LINDENHURST, NY ON SATURDAY, NOVEMBER 7, 2015

PLEASE COMPLETE THE FOLLOWING REGISTRATION FORM TO PARTICIPATE.
Registration is also available online at www.hopeforthewarriors.org/2015LIRun

Please circle your desired race:

| 10K | 5K | 1-Mile Walk/Run |
|---|---|---|
| General $30 | General $30 | General $30 |
| Veteran/Active Duty $25 | Veteran/Active Duty $25 | Veteran/Active Duty $25 |
| Student $25 | Student $25 | Student $25 |
| Gold Star Family Member Free | Children under 10 Free | Children under 10 Free |
| Wounded Warrior Free | Gold Star Family Member Free | Gold Star Family Member Free |
| | Wounded Warrior Free | Wounded Warrior Free |

*Prices will increase by $5 on September 7, 2015 and another $5 from November 2, 2015 unitl race day

Name _____ Team Name _____ Gender M F

Date of Birth _____ Age on Day of Race _____

E-mail Address _____ Phone Number _____

Adress_____

City _____ State _____ Zip Code _____

T-Shirt Size (Circle One) YL S M L XL XXL

Status: Active Retired Are you participating as a wounded warrior? Y N

Wheelchair participant? Y N Handcycle participant? Y N

CHECK Please make checks payable to Hope For The Warriors® and mail to address below:

Registration Amount $_____ Donation Amount $_____

Total Amount $_____ Check #_____

Waiver *MUST BE SIGNED TO PARTICIPATE*

I know that running is a potentially hazardous activity. I should not enter or run this event unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks: other participants, the effects of weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and/or my child and anyone entitled to act on my behalf, waive and release the event, and all organizers, directors, volunteers, and sponsors, as well as their representatives and successors, from 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 the persons named in this waiver. All fees are non-refundable. Furthermore, I consent to Hope For The Warriors® use of my name, photographs, written accounts, video, or other recordings of me made during the event. I understand that these images may be used on flyers, brochures, displays, web pages, and their informational media.

Participants 18 and older must sign; if under 18, parent or guardian must sign.

Signature _____ Date _____

Contact runinfo@hopeforthewarriors.org to learn more about how you can raise funds for Hope For The Warriors®

Mail form to Hope For The Warriors®, Long Island Run For The Warriors® , 5101C Backlick Rd., Annandale, VA 22003
include chosen method of payment. Visit www.hopeforthewarriors.org/2015LIRun for online registration.