St. Vincent's Hospital Westchester

springsprint 5K run/walk

Registration Form

Saturday, May 12, 2012
Check-in 8:00 AM
Start 9:00 AM

The 5K Spring Sprint Run/Walk is sponsored by the Auxiliary Board of St. Vincent's Hospital Westchester, a division of Saint Joseph's Medical Center, to raise funds and awareness for behavioral health. Participants are encouraged to walk or run. Please note: 5K road race is not sanctioned; distance has been approximated.

FEES:				
	Adults 18 and over:	**$20 mail-in registration**	**$25 online**	**$30 race day**
	Child/Teen 17 and under:	**$15 mail-in registration**	**$20 online**	**$25 race day**

Payer's Full Name (please print) *E-mail* *Tel*

Address *City* *State* *Zip*

Participant First/Last Name	**Team Name** *(10 or more participants required)*	**Sex**	**Age**	**Amount**
		M / F		
		M / F		
		M / F		
		M / F		
		M / F		
		M / F		
		M / F		
		M / F		
		M / F		
		M / F		

TOTAL _____

IMPORTANT!

☐ Check enclosed. Please make payable to **St. Vincent's Hospital Westchester**.

☐ Please charge my credit card: ☐ Visa ☐ Mastercard ☐ American Express Card #: _____

Name on card: _____ Signature: _____ Exp. Date: _____

WAIVER SIGNATURE IS NECESSARY TO PARTICIPATE. I know that participating in the Run/Walk event 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 any race official as to my ability to safely complete the event. I assume all risks with participating in this event. Having read this waiver and knowing these facts, I, for myself and anyone entitled to act in my behalf waive and release St. Vincent's Hospital Westchester, Saint Joseph's Medical Center, the Town of Harrison and The Village of Harrison, the Westchester Country Club, race officials, volunteers and all sponsors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose without remuneration.

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REQUIRED: Signature (Parent must sign if competitor under 18) *Date*

Please return this form with your donation to: St. Vincent's Hospital Westchester, Development Department, ATTN: SPRING SPRINT, 275 North Street, Harrison, NY 10528, or fax (914) 925-5163. **Event details:** www.stvincentswestchester.org or call (914) 925-5400.

Your donation will support the Auxiliary of St. Vincent's Hospital's 2012 funding program for crisis, mental health and substance abuse services serving children, adolescents, families and adults.