

Celebrating 10 years

SPRING SPRINT

5K run/walk



St. Vincent's Hospital Westchester
A Division of Saint Joseph's Medical Center

Registration Form

Saturday, May 11, 2019

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: \$25 online/mail-in \$30 race day **Child/Teen 17 and under:** \$20 online/mail-in \$25 race day

Adult Fee With Race Course Sign: \$150 - One Adult registration and personalized sign. Attach sign wording on back of form (sign size 1' H x 2' W)

Payer's 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	_____	_____
_____	_____	M / F	_____	_____
_____	_____	M / F	_____	_____

Include sign with my Adult registration fee. (Adult registration \$25, Sign: \$125 Total Cost: \$150)

TOTAL _____

IMPORTANT! WAIVER SIGNATURE IS REQUIRED TO PARTICIPATE. (Parent must sign if competitor under 18).

Date _____

X

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. I understand this waiver applies to all registrants above.

IMPORTANT!!

PAYMENT

Check enclosed. Please make payable to St. Joseph's Health Fund – St. Vincent's Hospital

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

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

Please sign waiver above and return form to: St. Vincent's Hospital Westchester, ATTN: SPRING SPRINT, 275 North Street, Harrison, NY 10528, or fax (914) 925-5163. **Event details:** stvincentswestchester.org or call (914) 925-5401.

Proceeds support the Auxiliary of St. Vincent's Hospital's 2020 grant funding for the mental health and chemical dependency recovery services at St. Vincent's Hospital, Harrison, NY. St. Vincent's Hospital, a division of Saint Joseph's Medical Center, is a nonprofit 501(c)(3) organization. Your donation is fully tax deductible to the extent allowable by law.