

The Rockland Road Runners presents
23rd Annual George Wodicka
Hook Half Marathon & 5k Run

To benefit United Hospice of Rockland
Sunday, April 22, 2012



Course: Both events start and finish at Rockland Lake State Park, north parking lot. The 13.1 Half Marathon course is challenging and a portion runs along the scenic Hudson River. 5k Run course is flat and fast around Rockland Lake.

Start Times: Half Marathon – 8:30AM 5k Run – 8:30AM Kids Run - \$2.00 – 8:00AM - Distances vary

Registration Fees: RRR members before April 16 \$30 for AAU Certified ½ Marathon; \$25 for 5K
Non-RRR members before April 16 \$40 for AAU Certified ½ Marathon; \$35 for 5K
After April 16th and Race Day \$50 for AAU Certified ½ Marathon; \$40 for 5K

Awards: \$100 to the first place male and female overall finishers for the Half Marathon & 5k Run.
Prizes presented to the top three male and female finishers in the half marathon and 5k run for the following age groups:
19& under, 20-29, 30-39, 40-49, 50-59, 60-69, 70+.

Raise money for Hospice: Runners are encouraged to raise money to support United Hospice of Rockland. Ask friends, family and neighbors to sponsor your participation. For more information, contact Laurie Bandremer at United Hospice of Rockland at 845-634-4974 or visit our website at www.active.com/donate/UHRWALK

Tech Shirts: Guaranteed to the first 500 registrants. Shirts NOT guaranteed for race day entries.

5K Walk: For non-runners, United Hospice of Rockland will be offering a concurrent 5K Walk. For more information, or to register for the UHR Walk to Remember, please contact Laurie at 845-634-4974 or visit their website at www.hospiceofrockland.org and click on News & Events, then click on Walk to Remember.

Make checks payable to: RRR and mail to Hook Half Marathon, PO Box 435, Congers, New York 10920
For more information go to: www.rocklandroadrunners.org or contact race director Steve Borton at hookhalf@rocklandroadrunners.org or 845-323-2572
Pre-Race Packet Pick-up on Thursday, April 19th from 4 -8PM at United Hospice of Rockland, 11 Stokum Lane, New City, NY.
Race Day Packet Pick-Up also available. Arrive before 8AM on race day to avoid parking fees.

FIRST NAME: _____ LAST NAME: _____ MALE FEMALE

STREET ADDRESS: _____

TOWN/CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: _____

E-MAIL _____ @ _____ AGE ON RACE DAY: _____ BIRTH DATE: _____

EVENT (circle one): Half Marathon 5k Run

I would like to join the Rockland Road Runners. I have enclosed a separate check of \$25 for the 2012 calendar year.

WAIVER MUST BE SIGNED

I know that running and volunteering to work in club races are potentially hazardous activities. I should not enter and run in club activities 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 or assist in the event. I assume all risks associated with running and volunteering to work in club races including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat, humidity, extreme cold, 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 for participation, I for myself and anyone entitled to act on my behalf, hereby waive and release the Road Runners Club of America, the Rockland Road Runners, the Palisades Interstate Park Commission, Town of Clarkstown, County of Rockland, United Hospice of Rockland and Super Race Systems and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in these club activities even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I understand that bicycles, baby joggers, roller skates or blades, animals and radio headsets are not allowed in the race and I will abide by this guideline. I also grant permission to the event organizers to use or authorize others to use any photographs, motion pictures, video, recordings, or any other record of my participation in this event or related activities for any legitimate purpose without remuneration. I grant permission to the foregoing persons and entities to use or authorize others to use any photographs, motion pictures, recordings, or any other record of my participation in this event or related activities for any legitimate purpose without remuneration. Absolutely no refunds, exchanges, or transfers.

Signature: _____ Date: _____ Parent's Signature (if under the age of 18): _____