

17th ANNUAL

10k Run & 5k Walk

Saturday, November 17, 2007

The Jerry Johnson MEMORIAL RACE

REGISTRATION FORM

Check one.

10k Run 5k Walk

FOR OFFICE USE ONLY	
CASH	CHECK
\$ _____	\$ _____

Team Leader: _____ Team Name: _____

(Please print.)
Last Name: _____ First Name: _____ MI: _____

Male: _____ Female: _____ Date of Birth: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

My company has matching funds. (please attach a matching gift form)

Credit Card: AMEX MC VISA #: _____

3 or 4 digit code: _____ Exp. Date: _____

Waiver:

Nyack Hospital and Nyack Hospital Foundation's liability excludes road races. In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against Nyack Hospital Foundation, Nyack Hospital, the Villages of South Nyack, Nyack, Upper Nyack, the towns of Clarkstown and Orangetown, and any and all sponsors and their representatives, successors or assignees for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event, and that my physical condition has been verified by a licensed medical doctor. Further, I hereby grant full permission to any and all the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Signature: _____ Date: _____

All entrants must sign waiver. (Parent/Guardian if under 18)

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Nyack Hospital – Provident Bank

The Jerry Johnson MEMORIAL RACE

CONTRIBUTION FORM

Runner/Walker's Name: _____

Team Name: _____

Registration: 7:15 – 8:45 am
Race Starts: 9:00 am

Sponsor's Name:	Mailing Street Address:	City, State, Zip:	Daytime Phone:	Cash \$ Amount:	Check \$ Amount:
1.					
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23.					

Make checks payable to: **Nyack Hospital Foundation, 160 N. Midland Ave., Nyack, NY 10960**
For more information call: **845.348.2771 or 2772 or 2767**

Please mail your contributions with this registration and contribution form for pre-registration or bring it on the day of the race.

Total \$ _____

Directions to Nyack Hospital:

Southbound NYS Thruway to Exit 11-Nyack. Left at traffic light onto Rt. 59. At 1st traffic light, turn left onto Rt. 9W (North). Nyack Hospital is two blocks on right.

From NYC: GW Bridge to Palisades Parkway North to Exit 9 for NYS Thruway South, then to Exit 11. Follow preceding directions.

From Bronx, Westchester, CT: TZ Bridge-NYS Thruway North to Exit 11. At traffic light make a left turn on to Rt. 9W. Nyack Hospital is one block on the right. Free parking in visitor's lot. Ask for a complimentary token at registration.