

ACTIVE SURVIVORS NEWYORK PRESENTS THE 9TH RUNNING OF



PERSONAL INFORMATION

First Name: _____ Last Name: _____

Date of birth (dd/mm/yyyy) _____ Age on day of race (6/10/12): _____ Gender: M F

Are you entering the Survivor Category? Y N

What illness or accident have you overcome or are you living with? _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email: _____ Emergency Contact Info _____

SELECT RACE- \$25 if registered before 6/8/12

7-Mile 4-Mile Wheelchair: Hand Cycle Push Rim

PREMIUM PACKAGE-\$20 (not required)

Race: \$ 25 _____

PERFORMANCE SHIRT AND SOCK

Sock Size:

Small (women's 5-7) One Size Fits All (Fits Most) Large/XLarge (men's 10-14)

Performance Shirt Size:

Women's S M L XL

Men's S M L XL XXL

Premium:\$ _____

TOTAL: \$ _____

PAYMENT

Check: Payable to ASN

Credit Card: Visa MC AMEX

Card No. _____ Exp. Date _____

Card Holder Signature: _____ 3 Digit Security Code: _____

Survivor Athlete Eligibility

Survivor Division Eligibility includes those diagnosed with serious illness or disease and those living with disease. This includes heart disease, stroke, cancer, serious lung disorders, MS, HIV/AIDS, diabetes, immune deficiencies, serious accident survivors or other grave illnesses. If you have questions about eligibility, e-mail webmaster@activesurvivor.org. Questions on eligibility will be addressed by the Active Survivors Network advisory committee. See www.activesurvivor.org for more details.

Runner Waiver

I have full legal authority to complete this registration. If I am registering for parties other than myself, I am fully authorized on their behalf. In addition, I understand that the terms and conditions of this registration apply to myself and to all parties that I register. I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official to my ability to safely complete the run. I assume all risks associated with running, including but not limited to falls, contacts with other participants, the effects of weather, including high heat and/or humidity, low temperature, traffic and conditions of the road, all risks being known and appreciated by me. Having read this release and knowing these facts and in consideration of accepting my entry, I, for myself and anyone entitled to act on my behalf or on behalf, waive and release the Active Survivors Network and all sponsors of the race, the officers, persons assisting with the race, Board, Board members, agents, employees and their successors and assigns of each and every of the above from all claims or liabilities of any kind arising out of my participation in the race even though the liability may arise out of negligence or carelessness on the part of the persons referred to in this waiver. I understand I may be photographed at this event or during related activities, and I agree to allow my photo, video or film likeness to be used for any legitimate purpose. I understand that bicycles, skateboards, baby joggers, roller skates or blades, animals and radio headsets are not allowed in the race and will abide by this guideline.

Name (signature required) _____ Date _____