



Communities for a Cure

Cancer Awareness

5K Run/Walk

to benefit South Nassau's Breast/GYN Health & Comprehensive Cancer Center



Multi-Cultural

Health Fair

FREE for all Ages! Free Screenings & Activities

Sunday, September 26, 2010

9:00 a.m. - 1:00 p.m. at South Nassau Communities Hospital - One Healthy Way, Oceanside
5K Run begins at 9:00 a.m. sharp



* * REFRESHMENTS ♦ ENTERTAINMENT ♦ SCREENINGS * *

ALL ARE WELCOME



Special **Fun Run** for Children Ages 5 - 11 at 10:00 AM

Supported by Oceanside Department of Community Activities

5K Pre-registration fee - only \$20

(\$10 for pre-registering participants 65 and older)

Pre-registration must be postmarked by Wednesday, September 22, 2010 • Day-of-race registration is \$25
All pre-registered participants for 5K Run receive Race T-shirt and Goody Bag.

One free raffle entry for fabulous prizes!

For information, call (516) 377-5370

Computerized timing and scoring by **Start to Finish Corporation**

5K Registration Form

Pre-registration for 5K Run must be received by Wednesday, September 22, 2010 to guarantee a T-shirt. Please complete a separate application form for each person participating, enclosing \$20 for each 5K Run/Walk participant (\$10 for those participants age 65 or older) and \$10 for each Fun Run participant. Make checks payable to **South Nassau Communities Hospital** and mail to: South Nassau Communities Hospital External Affairs Office, One Healthy Way, Oceanside, NY 11572

FIRST NAME: _____ LAST NAME: _____ AGE: _____

STREET: _____ SEX: M F DATE OF BIRTH: ____/____/____

CITY: _____ STATE: ____ ZIP: _____ SNCH EMPLOYEE: YES

PHONE: _____ E-MAIL: _____

I agree to assume all responsibility and liability for any race timing device issued to me in connection with the Run/Walk and I agree to return such device to the designated area on the day of the event. I agree to reimburse South Nassau Communities Hospital \$20.00 for each timing device assigned to me that remains unreturned or is broken by my negligence. The run/walk will occur rain or shine, however if the event must be cancelled due to severe weather conditions or other circumstances beyond the hospital's control, no refunds will be issued.

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 I may have against South Nassau Communities Hospital, Oceanside School District, the Town of Hempstead, the County of Nassau, and all co-sponsors associated with the South Nassau Communities Hospital 5K Run/Walk, their employees, representatives, successors and assigns for any and all injuries suffered by me in the said event or claim for damages which I might otherwise have arising out of said event. I attest and verify that I am physically fit and have sufficiently trained for competition of this race and that my physical condition has been verified by a licensed medical doctor. I grant permission to all the foregoing to use my photographs, motion pictures, or any other record of this event for legitimate purposes. I have carefully read the above statement, I understand it, and my signature confirms its full acceptance.

SIGNATURE _____ DATE _____

(If under 18, must be signed by a parent or guardian)

I HAVE ENCLOSED: \$_____ FOR 5K RUN \$_____ FOR FUN RUN \$_____ DONATION TO SOUTH NASSAU COMMUNITIES HOSPITAL