



# Communities for a Cure



## Cancer Awareness

# Fun Run

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

Plus **FREE** Multi-Cultural Health Fair for all Ages! Free Screenings and activities

# Sunday, September 25, 2011

9:00 a.m. - 1:00 p.m. at South Nassau Communities Hospital, One Healthy Way, Oceanside

**1/2 mile Fun Run begins at 10:00 a.m. sharp**

Fun Run is for ages 5-11

Supported by the Oceanside Department of Community Activities

*20th Anniversary!*

## \$10 Fun Run Pre-registration fee

Pre-registration must be postmarked by September 22, 2011 · Day-of-race registration is \$15

All pre-registered Fun Run participants receive Fun Run T-shirt and Goody Bag.

One free entry for prize drawing!

For information, call the  
Oceanside Department of Community Activities  
(516) 594-2336

### Fun Run Registration Form

Pre-registration for Fun Run must be received by September 22, 2011 to guarantee a T-shirt. Please complete a separate application form for each person participating, enclosing \$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: \_\_\_\_\_

In consideration of your accepting this entry, I, the undersigned, and the above child (for whom I have legal responsibility), intending to be legally bound, hereby for ourselves, our heirs, executors and administrators, waive and release any and all rights and claims we may have separately or jointly 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 myself or my child in the said event or claim for damages which I or my child might otherwise have arising out of said event. I attest and verify that both myself and my child are physically fit and have sufficiently trained for this run and that our physical conditions have been verified by a licensed medical doctor(s). I grant permission to all the foregoing to use my and/or my child's photograph(s), motion pictures, or any other record of this event for legitimate purposes, and understand that such images may be distributed to the media for event publicity as well as used in hospital publications, without remuneration. I understand that Fun Run fees are non-refundable. I have carefully read the above statement, I understand it, and my signature confirms its full acceptance.

SIGNATURE OF CHILD'S PARENT OR LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

I HAVE ENCLOSED: \$ \_\_\_\_\_ FOR FUN RUN \$ \_\_\_\_\_ DONATION TO SOUTH NASSAU COMMUNITIES HOSPITAL