

Student Entry Form



5th Annual 5K (3.1 Mile) Run/Walk
Sponsored by East Hampton Healthcare Foundation
Wellness Foundation
Supervised by The Old Montauk Athletic Club & EHMS
Race director: Howard John Lebwith
Timing sponsored by OMAC
Wednesday, May 20, 2009
9:00 a.m. sharp—rain or shine
East Hampton Middle School
76 Newtown Lane, East Hampton, NY 11937

We invite our local community to join the EHMS community as we celebrate our successful yearlong wellness program.

All students/staff/parents/community members will run/walk a 5K course from EHMS to Main Beach.

Students/staff will receive awards and enjoy lunch provided by the EHMS PTA. We will bus all students/staff back to the MS

Name _____ Sex (M/F) _____ Age _____
Grade _____ H.R. Teacher _____
Address _____ City _____ Zip _____

Waiver and Release

I know that running a road race is a potentially hazardous activity. I should not run unless I am medically able and properly trained. I assume all risks associated with running this event. Having read this waiver and knowing these facts, I, for myself and anyone acting on my behalf, waive and release, the East Hampton School District, The Town of East Hampton, The Village of East Hampton, Wellness Foundation, OMAC, all sponsors, Race Directors, their agents, servants and volunteers, their representatives and successors from all claims of liabilities of any kind arising out of my participation in this event.

**I grant permission for the free use of my name and picture
in any broadcast, telecast or print media account of this event.**

Parent or Legal Guardian's Signature

Date

Please return student registration to homeroom teachers by May 8th.

Contact Barbara Tracey @ 329-4113 or @ ehufsd.org

Adult Entry Form



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Students/staff will receive awards and enjoy lunch provided by the EHMS PTA.

We will bus all students/staff back to the MS

All other 5K participants are responsible for their own lunch and transportation.

Name _____ Sex (M/F) ____ Age _____
Address _____ City _____ Zip _____

Waiver and Release

I know that running a road race is a potentially hazardous activity. I should not run unless I am medically able and properly trained. I assume all risks associated with running this event. Having read this waiver and knowing these facts, I, for myself and anyone acting on my behalf, waive and release, the East Hampton School District, The Town of East Hampton, The Village of East Hampton, Wellness Foundation, OMAC, all sponsors, Race Directors, their agents, servants and volunteers, their representatives and successors from all claims of liabilities of any kind arising out of my participation in this event.

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Applicant's Signature

Date

SEND OR HAND DELIVER ALL REGISTRATIONS TO EHMS BY 5/15.

Limited Registration Day of Race Contact Barbara Tracey @ 329-4113