



Hance Family Foundation 5K Run/Walk

Saturday, May 16, 2015

(Rain or Shine)

Emma's Mile @ 9:00am~5K Run/Walk @ 9:30am

Pee Wee Race: 10:30 am

All races start & finish at the Floral Park Centennial Gardens,
251 Floral Parkway, Floral Park, NY 11001

Race Course: Emma's Mile & 5K start at entrance to Gardens. Fast, flat course tours the streets of Floral Park. Music and waters stops line the course. Uplifting and inspiring race held to honor the memory of 3 beautiful young sisters and to support the foundation's dedication to children's endeavors and youth organizations.

Pee Wee Race (ages 7 & under) held inside the Gardens as the kick off for FAMILY FUN DAY!

For more information on fundraising as a team or individual, please visit www.hancefamilyfoundation.org or www.justregister.net.

Race Timing: Just Finish, Inc.

AWARDS:

5K - Top 3M/F finishers in age groups.

Top M/F finishers from Floral Park.

Emma's Mile - Top M/F age 13 and under.



Additional Prizes:

Team Spirit and Highest Fundraiser (team and individual)

Entry Fees:

5K: \$25 online or mail in application received by Wednesday, May 13, 2015; \$30 after May 13.

Emma's Mile: \$15 online or mail in application received by Wednesday, May 13, 2015; \$20 after May 13.

PeeWee Run: \$8 online or mail in application received by Wednesday, May 13, 2015; \$10 after May 13.

Entry fee cannot be refunded, transferred, or deferred.

Register online:
www.justregister.net

Pre-Race Check In: In-person registration & shirt pick up on Friday May 15, 2015, 12:00pm-4:00pm & 6:00pm-9:00 pm at **Floral Park Recreation Center** (Pool Building), Two Pool and Garage Road. *GPS address: 124 Stewart Street, Floral Park, NY 11001.*

Race Day Check In: Race day registration will take place from 7:15am-8:45am at the Floral Park Centennial Gardens, 251 Floral Parkway, Floral Park, NY 11001. **No numbers will be given out after 8:45am on race day.**

ENTRY FORM

Please make check payable to Hance Family Foundation,
Mail to: Hance Family Foundation, PO Box 20795, Floral Park, NY 11002

First Name _____ Last Name _____

Address _____ Town _____ State _____ Zip _____

Age on race day _____ Date of Birth ____/____/____ Male / Female (Circle One)

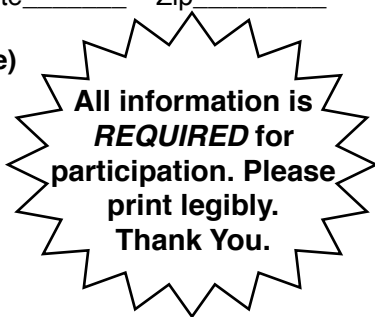
EVENT (CIRCLE ONE): **5K** **EMMA'S MILE** **PEE WEE**

Preferred Shirt Size (Please choose one only; size not guaranteed.):

Adult: Small Medium Large X-Large **Child:** Small Medium Large

****No shirt for Pee Wee runners****

E-mail _____ Phone # _____ TeamName(if applicable) _____



All Participants in the Hance Family Foundation 5K Run/Walk, Emma's Mile, and or PeeWee Run and related events are required to assume all risk of participation in the events by signing this release and waiver of liability agreement: The undersigned athlete (Athlete) and on behalf of Athlete's personal representatives, assigns, heirs, and executors, fully and forever releases from all liability, including negligence, The Hance Family Foundation, The Incorporated Village of Floral Park, Just Finish Inc., the race directors, all race sponsors, The Floral Park Police Department, The Floral Park Conservation Society, all municipal agencies whose property or personnel are used, all other sponsoring or co-sponsoring companies or individuals related to the Events, and their respective employees, agents, volunteers, representatives and affiliates (collectively the Releasees). Athlete and on behalf of Athlete's personal representatives, assigns, heirs and executors waives the right to sue Releasees for all losses and damages that arise from any injury to Athlete or Athlete's property or resulting in Athlete's death in connection with the Athlete's participation in the Events including but not limited to losses or damage caused by the negligence of all or any of the Releasees, the negligence of others, weather conditions or otherwise, and also including any pre or post-race activities and any programs and/or giveaways conducted at the events and/or activities by a sponsor or other third party. The Athlete warrants that Athlete is in good physical condition and is able to safely participate in the Events. The Athlete is fully aware of the risks and hazards inherent in participating in the Events, including the possibility of serious physical trauma, injury or death, and elects to voluntarily compete in the Events knowing such risks. The Athlete agrees to the use of Athlete's name and photographs in broadcasts, newspapers, magazines, brochures, and other media without compensation. The Athlete grants to the Director of the Events, and its agents, affiliates, and designees access to all medical records (and physicians) as needed and authorize medical treatment as needed. The Athlete acknowledges that Hance Family Foundation has the right to alter, change, cancel and/or postpone any of these events as a result of circumstances that would affect or impact the event which are beyond their control. The Athlete warrants that all statements made in this release agreement are true and correct and understands that Releasees have relied on them in allowing Athlete to participate in the Events. ATHLETE HAS READ THE FOREGOING, UNDERSTANDS ITS CONTENTS AND INTENTIONALLY AND VOLUNTARILY CERTIFIES COMPLIANCE BY ACCEPTING THIS WAIVER. If the athlete is under the age of 18: I, as the parent or guardian of the above named minor, give my permission for my child or ward to participate in the events, and further agree individually on behalf of my child or ward, to the terms above. I further certify that my child or ward is in good physical condition and is able to safely participate in the events. I hereby authorize medical treatment for him/her and grant access to my child or ward's medical records as necessary.

Signature of Participant _____

Signature of Parent/Guardian (required if participant is under 18) _____

Hance Family Foundation PO Box 20795 Floral Park NY 11002
516.688.0055 hancefamilyfoundation.org

The Hance Family Foundation is a certified 501(c)3 nonprofit organization.