



# VISITING NURSE SERVICE & HOSPICE OF SUFFOLK, INC.

## Making a Difference Everyday!! 8<sup>TH</sup> Annual 5K Run/Walk & Kids Fun Run Saturday, May 10, 2008, Northport

Proceeds benefit our  
Annual Bereavement  
Retreat for Children

### Race Starts at VNSHS Office 505 Main Street, Northport

- Race begins at 9:00 AM-Fun Run 8:30 AM
- A Certified USATF Sanctioned, Challenging Rolling Hills Course – includes 1.6k of Historic Cow Harbor Course
- Race Awards and Raffle Prizes
- Race Refreshments
- Award for the Nurse with the Best Time
- Rain or Shine
- Adults run/walk for free with \$100 donation or collected sponsorship
- Kids can run/walk for free with \$50 donation or collected sponsorship

Money **MUST Be Included** with your  
Registration Application



For information call Roberta Podell  
631-930-9383

Make checks payable & mail to:  
VNSHS 505 Main Street, Northport, NY 11768

Pre-registration Fees received by 5/8/08

- 5K Run/Walk \$20       Kids Fun Run \$10
- M     F                       Nurse Competition
- Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
*Mandatory for race applicants*

Name \_\_\_\_\_

Address                      City                      State                      Zip

Phone \_\_\_\_\_

*For additional applicants photo copy form*

*I, the undersigned, intending to be legally bound hereby, for myself, my heirs, executors and administrators, waive, release and hold harmless (Race Organizer, Race Director, Sponsor 1, Sponsor 2, Municipality) and their agents, employees, representatives, successors and assigns, from any and all liabilities, claims, demands and causes of action arise in whole or part out of the negligence of any of the above mentioned organization or individuals. (If signed by a parent the parent agrees to waive, release and hold harmless the above mentioned organizations and individuals from any and all said liabilities, claims and causes of action which may be asserted on behalf of the entrant) I attest and verify that I am physically fit and that my physical condition has been verified by a licensed medical doctor. I hereby grant permission to any and all of the above mentioned organizations to use any photographs, and my participation in this event for any purpose whatsoever.*

- I will support the Children's Bereavement Retreat with a donation of \$\_\_\_\_\_
- I will run/walk for free with my donation/sponsorship of \$\_\_\_\_\_
- M/C     Visa     Check Total Fees: \_\_\_\_\_  
ACCT# \_\_\_\_\_

Please print clearly

Exp. Date \_\_\_\_\_ Phone \_\_\_\_\_

All entrants must sign. Parents must sign if under 18

Emergency Contact: \_\_\_\_\_  
(Name and Phone #)