

# C.W. Post 5K Trail Run

## July 11, 2009

Race Day T-Shirt guaranteed to all 5K Pre-registrants!

### Registration Fees:

- ✓ Registration is \$17 on or before Monday, July 6, 2009 (must be postmarked by July 6<sup>th</sup>).
- ✓ After July 6<sup>th</sup>: \$20 on day of race ONLY.
- ✓ **Free** -- Kids 1 Mile Fun Run (does not include race day T-shirt)

### Course Description:

#### 5K Course

- ✓ Good mix of rolling hills and flat land. Mostly grass and wood-chipped/dirt trails.

#### Free Kids 1 Mile Fun Run

- ✓ Mix of grass and trails

### Amenities:

- ✓ Mile splits / Water stops / Post race beverages and snacks
- ✓ Restrooms

### Race Day Check-in:

- ✓ Saturday, July 11<sup>th</sup> 7:30 – 9:15 am

### Race Times:

- ✓ Kids 1 Mile Fun Run 8:45 am
- ✓ 5K Trail Run 9:30 am

### Awards:

- ✓ Top Male and Female Runners
- ✓ Top 3 Male and Female Runners in Ages:  
14 and Under, 15-19, 20-24, 25-29, 30-34,  
35-39, 40-44, 45-49, 50-54, 55-59, 60-64,  
65-69, 70-74, 75 and over.
- ✓ Top 3 Runners in the Kids 1 Mile Fun Run

### Results:

- ✓ Official results provided by Just In Time Racing
- ✓ Fun Run will be hand timed

Make checks payable to:

C.W. Post Cross Country

Mail to:

Rob Morris - Head Cross Country Coach - C.W. Post University, 720  
Northern Blvd., Brookville, NY 11548

Additional contact information:

Rob Morris  
Office (516) 299-3855  
Fax (516) 299-3155  
Robert.morris@liu.edu

-----please print-----**Registration Form**-----please print-----

5K \_\_\_\_\_

Kids Mile Fun Run \_\_\_\_\_

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Age on race day \_\_\_\_\_ Shirt Size: (adult sizes) \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

*All participants (5K and Kids 1 Mile Fun Run) must complete and send in the competition waiver.*

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**EMPIRE**  
**PHYSICAL THERAPY**  
MANAGED BY **IVYREHAB**

**Greenvale Bagels**  
50 Glen Cove Rd.  
Greenvale, NY  
**Whole Foods Market**

LONG ISLAND UNIVERSITY WAIVER AND RELEASE FROM LIABILITY FORM  
ALL PARTICIPANTS

(THIS FORM MUST BE SIGNED BY THE PARTICIPANT, AND ALSO BY A PARENT/  
GUARDIAN IF THE PARTICIPANT IS UNDER AGE 21)

NAME OF PARTICIPANT: \_\_\_\_\_  
SPORTS CLINIC PROGRAM: C.W. Post Trail Run PROGRAM DATE(S): July, 11 2009

**I AM AWARE THAT PLAYING OR PRACTICING IN ANY SPORT CAN BE A DANGEROUS ACTIVITY INVOLVING MANY RISKS, INCLUDING, BUT NOT LIMITED TO, SERIOUS NECK AND SPINAL INJURIES, INJURY TO BONES, JOINTS, LIGAMENTS, MUSCLES, TENDONS AND OTHER ASPECTS OF THE MUSCULAR-SKELETAL SYSTEM, INJURY OR IMPAIRMENT TO OTHER ASPECTS OF MY BODY, GENERAL HEALTH AND WELL BEING, OR DEATH.**

IN EXCHANGE FOR BEING PERMITTED TO PARTICIPATE IN THIS PROGRAM, I AGREE TO THE FOLLOWING:

I, voluntarily and without reservation, and realizing the full legal significance of my action, hereby waive, renounce and release, on behalf of myself, my heirs and my estate, all claims of whatever nature against Long Island University, its Trustees, Officers, faculty, employees, representatives, agents, or anyone accompanying this Program, or their heirs or estates (collectively referred to hereinafter as "The University") including, but not limited to, claims of any injury, loss, damage, accident, or for any other cause whatsoever arising out of, resulting from or in connection with the above-referenced Program. Further, I assume all risks associated with my participation in the Program including, without limitation, the risk of any negligence or recklessness or failure to act, by other participants or others, I accept personal responsibility for any injury (including, but not limited to, personal injury, disability, dismemberment and death), illness, damage, loss, claim, liability or expense, of any kind or nature, that I or my property may suffer, and I agree to release "The University" from any liability arising from any such risks.

I am in good health, have no physical conditions that affect my ability to participate in any of the activities involved in this Program, and have not been advised otherwise by a medical practitioner. I certify that I have health insurance which affords coverage for sickness and accident, and agree that "The University" is in no way responsible for my medical care costs.

I also grant to "The University" full authority to take whatever action it deems is warranted under the circumstances regarding my health or safety in connection with my participation in this Program, including the providing of any emergency first aid, medication, medical treatment or surgery deemed necessary by medical personnel. This authority will permit "The University", at its discretion, to place me, at my own expense, in a local hospital for medical services and treatment, or, if no hospital is available, to place me in the hands of a local medical doctor for treatment. I also authorize medical personnel to execute any documents relating to medical attention and to act on my behalf, if I am unable to do so.

Because of the dangers of participating in the above sport(s), I agree that at all times I will follow the directions of the athletic staff or other University personnel in all matters in connection with this Program. "The University" reserves the right to suspend or terminate my participation in this Program if it be deemed that my acts, words or conduct are detrimental to, or incompatible with, the interests, purpose or welfare of the Program or of "The University". This Waiver is a legally binding agreement and will be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. Any provisions found to be void or unenforceable shall not affect the validity or enforceability of any other provisions.

I have read this document and I understand its content. I understand that by signing below, I have given up substantial rights. I have voluntarily signed this release.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Print Name of Participant)

**PARENT/GUARDIAN SIGNATURE FOR MINORS (UNDER 21 YEARS OLD)**

As the parent/guardian of the above-named Participant, I agree to the terms and conditions contained in this Waiver & Release Form, and I assume responsibility for the actions or inactions of the Participant.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Print Name of Parent/Guardian)