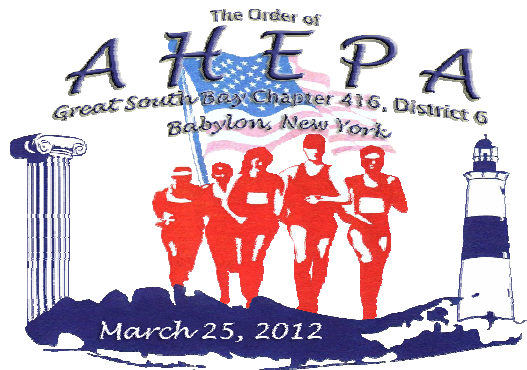


SPONSORS



*Suffolk County Half Marathon & 5K*  
(American Hellenic Educational Progressive Association)

BENEFICIARIES



Scholarship Fund



**AHEPA SUFFOLK COUNTY HALF MARATHON & 5K**  
IN COOPERATION WITH THE COUNTY OF SUFFOLK AND BROOKHAVEN TOWNSHIP  
**SUNDAY MARCH 25 2012 AT 9:00AM**

**SUFFOLK COUNTY COMMUNITY COLLEGE, AMMERMAN CAMPUS, NICOLLS ROAD, SELDEN, NEW YORK 11784**

Beneficiaries: The AHEPA Great South Bay Chapter 416 Scholarship Fund & The Suffolk County Community College Scholarship Fund & The Leukemia & Lymphoma Society of Long Island  
Half Marathon USATF Long Island Grand Prix Series Of Road Running - 2012 application pending  
Half Marathon USATF - Long Island Half Marathon Association Championship Run - 2012 application pending  
Half Marathon and 5K are Certified by the USA Track & Field

CASH AWARDS *	<b>1/2 Marathon</b>	<b>5k</b>
	1 <sup>st</sup> place male and female overall winners - \$100 each 2 <sup>nd</sup> place male and female overall winners - \$ 50 each 3 <sup>rd</sup> place male and female overall winners - \$ 25 each	1 <sup>st</sup> place male and female overall winners - \$100 each 2 <sup>nd</sup> place male and female overall winners - \$50 each 3 <sup>rd</sup> place male and female overall winners - \$25 each
PRIZES *	Plaques for Top Three Male and Female Runners in the following Age Groups: 12 & under, 13-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80 & up, & Special Needs	
* Additional Prizes and Promotional Gifts to be pulled by drawings for all runners present at end of each race. * All winners must be present to accept awards and prizes.		

**Contact Information: Order of AHEPA, Suffolk County Half Marathon and 5K**  
P.O. Box 315, Babylon, NY 11702 • Fax/Phone: 631.957-7700 • E-mail: info@sc-halfmarathon.org  
Website: www.sc-halfmarathon.org • Online Registration: www.Active.com

**AHEPA - SUFFOLK COUNTY HALF MARATHON AND 5K RACE ENTRY FORM** **EVENT WILL OCCUR RAIN OR SHINE!**

FIRST NAME: \_\_\_\_\_ M.I.: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ AGE ON RACE DAY: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ SEX:  M  F  
PHONE-DAY: \_\_\_\_\_ PHONE-NIGHT: \_\_\_\_\_ T-SHIRT SIZE:  S  M  L  XL  XXL  
EMAIL: \_\_\_\_\_  
T-shirts are guaranteed for pre-registered runners only.  
Day of the race registrations T-Shirts are available as long as supply lasts.

EVENT:  5K  HALF MARATHON DIVISION:  RUNNER  SPECIAL NEEDS  I DO NOT WISH TO HAVE INFORMATION FORWARDED TO ME BY RACE SPONSORS OR VENDORS  
FEE:  PRE-REGISTRATION \$20.00  DAY OF EVENT REGISTRATION \$25.00 (7:00 AM to 8:30AM at the Gymnasium) MAKE PAYABLE TO: **AHEPA SUFFOLK COUNTY HALF MARATHON & 5K**  
PLEASE READ TWICE BEFORE SIGNING: **RACE FEES ARE NON-REFUNDABLE!** **ALL RACE CREDENTIALS WILL BE ISSUED ON DAY OF EVENT ONLY!**

**Nicolls Road will be closed by Suffolk County Police at 8:30 AM and reopened at 12 Noon**

**Due to time restraints no walkers or joggers will be permitted on the 1/2 marathon course. Anyone still on the course at 12 Noon will be picked up off the course for safety reasons.**

SUFFOLK COUNTY HALF MARATHON ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND INDEMNITY AGREEMENT: IN CONSIDERATION OF MY PARTICIPATION IN THE AHEPA SUFFOLK COUNTY HALF MARATHON & 5K RACE, I REPRESENT THAT I UNDERSTAND THE NATURE OF THE EVENT AND THAT I AM QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH EVENT. I FULLY UNDERSTAND THAT THE EVENT INVOLVES RISKS OF SERIOUS BODILY INJURY, PERMANENT DISABILITY OR DEATH WHICH MAY BE CAUSED BY 1: MY OWN ACTIONS, OR INACTIONS, 2: THOSE ACTIONS OF OTHERS - INCLUDING "RELEASES" (DEFINED BELOW), 3: THE EVENT CONDITIONS, OR 4: RISKS NOT KNOWN BY ME AT THIS TIME. I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS AND DAMAGES I MAY INCUR AS A RESULT OF PARTICIPATION IN THIS EVENT. I HEREBY RELEASE, DISCHARGE AND AGREE NOT TO SUE THE SUFFOLK COUNTY HALF MARATHON, ITS RESPECTIVE DIRECTORS OFFICERS, AGENTS, VOLUNTEERS, SPONSORING ORGANIZATIONS OR CONTRACTORS, SPONSORS, ADVERTISERS, LANDOWNERS OR THEIR RESPECTIVE EMPLOYEES OR AGENTS OR OTHER PARTICIPANTS, (ALL CONSIDERED "RELEASES") FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES I MAY INCUR AS A RESULT OF PARTICIPATION IN THIS EVENT, WHETHER CAUSED IN WHOLE IN PART BY THE NEGLIGENCE OF THE RELEASES, INCLUDING NEGLIGENT RESCUE OPERATIONS. I FURTHER AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASES FROM ANY LOSS, LIABILITY, DAMAGE, OR COST (INCLUDING REASONABLE ATTORNEY'S FEES) WHICH THEY MAY INCUR RESULTING FROM ANYONE MAKING A CLAIM ON MY BEHALF. I UNDERSTAND THAT IF ONE PART OF THIS AGREEMENT IS INVALID, ALL OTHER PARTS WILL REMAIN VALID TO THE EXTENT OF THE LAW.

I HAVE READ THIS UNCONDITIONAL AGREEMENT TWICE, AND FULLY UNDERSTAND IT, AND THE RIGHTS, I HAVE WAIVED BY SIGNING IT, AND DO SIGN IT VOLUNTARILY.

Signature of Runner \_\_\_\_\_ Date \_\_\_\_\_ Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent or Guardian if runner is under 18 yrs. \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_ Print Name \_\_\_\_\_ Print Name \_\_\_\_\_

Do Not Write Below This Line - For Race Officials ONLY!

Check  MO  Award

Date Received \_\_\_\_\_ Payment Method \_\_\_\_\_ CK / MO # \_\_\_\_\_ Date Entered \_\_\_\_\_