THE ANNUAL RUN TO REMEMBER

Hosted by RAA (Riverhead Administrator's Association) – Register by Mail, Online, or Day-Of 5K

RUN BEGINS: Sunday, May 21 2017 at 9:30 AM
DAY-OF 5K REGISTRATION BEGINS AT 7:15 – DAY-OF RACE
AND KIDS "FUN RUN" at 9:00 AM

This 5K walk/run is in memoriam and honor of loved ones who are no longer with us. Memorial boards will be in place and funds go towards the RHS Senior Class Scholarships. This community event will not only let us remember, but will also bring healing, love and support for all families, faculty and community members.

ENTRANCE FEES: **$20.00** for 5K EARLY ONLINE REGISTRATION
$25.00 for LATE or DAY-OF REGISTRATION (7:15-8:50)
FUN RUN race for Kids at HS Track **FREE** (10 and under)

SPECIAL REGISTRATION:
$10.00 for RIVERHEAD CSD STUDENTS

START/FINISH: SCHOOL STREET → RIVERHEAD HS PARKING LOT

Shirts guaranteed to the first 150 5K participants to register!

AWARDS:

The race will start on time, has clocks at each mile marker, water on the course, and bagels and snacks at the finish!

Awards will be given to the top three male and female finishers in each age category. (9 & under, 10-11, 12-13, 14-15, 16-18, 19-29, 30-39, 40-49, 50-59, 60-69, 70 & older)

An award ceremony and raffle drawing – for all participants will be held at the RHS Gym upon the completion of the 5K.

*For information & applications, visit us online at **www.riverheadr2r.com***
*or call **Patrick Burke at 631-369-6746 (office) or 631-335-6646 (cell)***
*Email at **R2R@riverhead.net***

CUT BELOW

Make checks payable to the **RAA (Riverhead Administrator's Association).**
Mail to **Riverhead HS, Attn. R2R/Patrick Burke, 700 Harrison Avenue, Riverhead NY 11901**

CHECK ONE: ____ 5K ____ FUN RUN

NAME: _____ AGE: ____ GENDER: ____

ADDRESS: _____ EMAIL: _____

DATE OF BIRTH (MM/DD/YY): ___/___/__ _ SCHOOL YOU ATTEND: _____

PHONE NUMBER: _____

SHIRT SIZE (CIRCLE): S – M – L – XL

Please complete the entry blank, read the following statement, and sign below: In consideration of your accepting this entry, I the undersigned, intending to be legally bound, hereby waive and release and hold harmless Riverhead Central School District, the Riverhead Administrative Association, the Town of Riverhead, Suffolk County, all sponsors and representatives, successors and assigns, for any and all liabilities, claims, demands and causes of action whether or not arising in whole or in part out of the negligence of any of the above organizations or individuals. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been verified by a licensed medical doctor. If signed by a parent, the parent agrees to release and hold the above-named organizations and personnel harmless of any claims and rights which may be asserted on behalf of the entrant. Further, I hereby grant permission to any and all of the foregoing to use any photographs, video, recordings, or any other record of this event for any purpose whatsoever.

SIGNATURE (Parent if under 18) _____ DATE _____