

Kids Run Long Island KIDS FUN RUN SERIES

3 Races on 3 Sundays for Kids ages 3 to 11 yrs old

Sunday, October 1, Sunday October 15 & Sunday October 22, 2017- 5PM

WHERE: Bethpage State Park- near baseball fields and playground

WHAT: 3 races on 3 Sundays for kids ages 3 to 11 years old.

SCHEDULE: (subject to change- please be at race location by 4:30 pm)

BIB PICK UP - 3:30 pm to 4:20 pm **OPENING CEREMONY**- 4:55 pm

FIRST RACE- 3 year olds (approximately .06 of a mile) – 5pm

SECOND RACE – 4 to 5 year olds (approximately .15 of a mile – 5:05pm)

THIRD RACE – 6 to 7 year olds (.25 of a mile – 5:15pm) **FOURTH RACE** – 8 to 9 year olds (.50 of a mile – 5:20pm) **FIFTH RACE** – 10 to 11 year olds (1 mile – 5:30pm)

Four choices: **YOU MUST CIRCLE ONE** (Please note Space is limited. Race may fill before race day.)

TWO DISCOUNTS apply if you register for ALL THREE RACES SOON!

Just write on flyer SHAREWITHFRIENDS, and get \$5 dollars off PER REGISTRANT until 9/10/17 only.

ALSO- if you register 2 family members, take off \$5.00 total. If you register 3 family members, take off \$10 total of your registration.

- 1. Register your child for ALL THREE RACES
 Sunday, October 1, Sunday, October 15 & Sunday, October 22, 2017 \$51.00 INCLUDES EVENT T-SHIRT, RACING
 BIB, CUSTOM FINISHING AWARD MEDAL WITH NECK RIBBON at race #3, PARTICIPATION RIBBONS at race #1
 and #2 price increase on Sept. 18 to \$58.00
- 2. Register your child for RACE #1 ONLY (October 1) \$20 includes participation ribbon and race bib. —price increase on Sept. 18 to \$25
- **3.** Register your child for **RACE #2 ONLY** (October 15) \$20 -includes participation ribbon and race bib.-*price increase on Sept. 18 to \$25*
- **4.** Register your child for **RACE #3 ONLY** (October 22) \$27.00 includes CUSTOM FINISHING AWARD MEDAL and race bib.-price increase on Sep. 18 to \$34

*****(Register each child separately) REGISTER ONLINE AT www.kidsrunlongisland.org******
Or register by mail (no service fee). Make checks payable to Kids Run Long Island and mail to Kids Run Long Island, 77 Indian Head Dr., Sayville NY 11782.

ENTRY, RELEASE & WAIVER OF LIABILITY FORM KIDS FUN RUN SERIES- BETHPAGE STATE PARK

Please read all statements below and sign and date as indicated as acknowledgment that you understand and will comply with each statement. I, as the parent/guardian of said child, know that exercising can be a potentially hazardous activity. I have been informed that it is strongly recommended that I see or speak to a physician before my child participates in this event. I attest and verify that my child is physically fit and has sufficiently trained to complete this event & my child's physical condition can be verified by a licensed medical doctor. I assume all risks associated with this event including but not limited to: falls, contact with other participants, the effects of weather, including high heat and /or humidity, dehydration, traffic, and the conditions of the road/park grounds, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting this minor child's entry, I, for myself and anyone entitled to act on my behalf, waive and release New York State Office of Parks, Recreation and Historic Preservation, the Long island State Park, Recreation and Historic Preservation Commission, Kids Run Long Island Inc., their commissioners, their agents, servants, sponsors, business sponsors, employees and volunteers, directors, Board of Directors, Officers, their representatives and successors from all claims and liabilities of any kind arising out of this minor child's participation in this event. I grant permission to all of the foregoing to use any photographs for any legitimate purpose. I acknowledge that fees are non refundable for any reason and that my right to participate in this program is non transferable. I understand and acknowledge the above statements and risks for the minor child as parent/guardian.

| Name of child: | | Address: | | | City/Zip (| Code: | |
|-----------------------------|-------------------------------|-----------------|---------|------------------|-------------------------|-------------------------|-------------------|
| Parent/guardian Cell Phone: | | Parent's email: | | | | Age of child on 10/1/17 | |
| Gender: M F T-sh | irt size (circle one) Youth S | Youth M | Youth L | Adult Med | Total amount enclosed: | (price | increase on 9/18) |
| Parent/guardian Signature: | | | (acl | knowledged and s | signed for minor child) | Date: | _ |