

THE ELLEN GORDON CPAs 4(a): CAUSE 9th Annual 5K RUN/WALK

Sunday, June 13, 2010 9:00 AM

Wantagh Park, Wantagh, NY

To benefit Island Harvest



PREREGISTRATION 8:00 AM RACE TIME: 9:00AM

Awards: Trophies for Top 3 Overall Male and Female, Top 3 Finishers in each age category (10 year groups), All children under age 14 receive Ribbons. There will be Raffles, Prizes, including area restaurant and other Gift Certificates. Music and post-race food refreshments

GO TO WWW.ACTIVE.COM TO REGISTER ONLINE

Fee \$18 until May 31, 2010, \$20 thereafter. 14 and under ½ price Race officially timed by Island Timing LLC.

Wantagh Park, Wantagh, Parking Field #1, entrance on Merrick Road, Wantagh: Directions: www.glirc.org/events

Take Wantagh Parkway to exit W6W, entrance is across street south side, next to Wantagh Parkway

Name _____

Age on race day _____ Birth date ____ / ____ / ____ Sex (M/F) _____

Phone (____) _____ E-mail _____

Address _____ City _____ State _____ Zip Code _____

WAIVER AND RELEASE

I AM A RUNNER _____

I AM A WALKER _____

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, dehydration, traffic, and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the New York State Society of Certified Public Accountants, Island Harvest, the County of Nassau and all sponsors, Race Directors, their agents and volunteers, their representatives and successors from all claims of liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, and any other record of this event for any legitimate purpose. I acknowledge that entry fees are non-refundable for any reason and that my right to participate in this event (or a rescheduled event if this event is cancelled) is non-transferable. Roller Blades, Baby Joggers, Headphones, Animals are prohibited from participating in this race.

Signed Name: **X**

Applicant's Signature (Parent or Legal Guardian's if applicant is under 18) Date _____

Enclosed is my registration fee of \$18 payable to **Island Harvest**

Enclosed is my additional tax deductible donation of \$ _____ payable to **Island Harvest**

ADVANCE REGISTRATION \$18 BY MAY 31st, DAY OF RACE REGISTRATION FEE \$20

Mail sponsor forms & checks to Island Harvest/NYSSCPA, c/o Roy Massa, P.O. Box 21, Commack, NY 11725-0021 (or bring to the Registration Table at the Race) **Questions? Ray Floch (631) 425-1800x312 or e-mail: RFloch@edwards-topple.com Or Roy B. Massa (631) 897-7182 or e-mail: roymassa@yahoo.com**

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