Smith Poin 5KRun Jos Jos	Smith Po to benefit the C	Dint County Pa Community Family Liter	acy Project, Inc., a 501c3 registered charity
9:	 00 a.m. R 5Kbridge Entry fees are r Sanctioned by Timing by elitef Free performan 400 registrants Awards will be male and femal 	on-refundable USATF	
(Please Print) Name: City, State, Zip:			
Email:	_LRGXLRG	Ма	Day: le Female
all risks associated with this event including, b ity, dehydration, traffic & road conditions, all s consideration of your accepting my entry, I, fo Brookhaven, Mastics-Moriches-Shirley Comm	a hazardous activity. I but not limited to falls, such risks being know or myself & anyone en unity Library, Commun	contact with other parti n & appreciated by me titled to act on my beh ity Family Literacy Proje	is I am medically able and properly trained. I assum cipants, the effects of weather, including heat/humic a Having read this waiver & knowing these facts & i alf, waive and release the County of Suffolk, Town of ect Inc., all trustees, all sponsors, Race Directors, the ind arising out of my participation in this event. I grar

permission to use any photographs, motion pictures, recordings, & any other record of this event for any legitimate purpose. Participants under 18

Date:__

Signature:___

must be accompanied by an adult.

(if under 18, signature of parent or legal guardian)

Please make checks payable to: Community Family Literacy Project, Inc.

Please mail completed application along with payment to:

Community Family Literacy Project, Inc. 407 William Floyd Parkway, Shirley, NY 11967

