



A benefit run to help support Síol Na h'Eireann Pipes and Drums

Saturday April 8, 2017

Race time 10:00 am

Entrance Fee: \$25 – Mail-in/Online Registration (online registration closes at 9 PM, Thursday April 6th)

\$30 – Day of Race 8:30 – 9:45, April 8th at the AOH Hall on the corner of Magnolia & Washington Heights, Selden

*Registration includes free beer & soft drinks at the after race party!

START & FINISH: AOH Hall at the corner of Magnolia & Washington Heights, Selden

Long sleeve T - Shirts guaranteed to first 200 participants to register

Course: This challenging course will test your stamina right from the start with the first of 9 elevation changes. Race timed by Island Timing

Awards: Awards to the top three male/female overall Celtic Crush finishers and in each age category

Age groups: 14 and under; 15-19; 20-24; 25-29; 30-34; 35-39; 40-44; 45-49; 50-54; 55-59; 60-64; 65-69; 70+

Award Ceremony, Music & Party will take place at the AOH Hall.

For information & applications call 631-790-7378 or e-mail snhbandmanager@gmail.com

REGISTER ONLINE at <http://CelticCrush5K.itsyourrace.com/> or at <http://active.com>

MAIL IN REGISTRATION

Make checks to Siol Na h'Eireann

Mail to SNH Pipes & Drums, 138 Woodlot Rd, Ridge, NY 11961

Name: _____ Age: _____

Sex _____ Shirt size: S / M / L / XL

Address: _____

DOB: ____/____/____ email address: _____

Phone: _____

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 USA Track and Field, Siol Na h'Eireann Pipes & Drums, the Town of Brookhaven, Suffolk County, all sponsors and their 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

Signature (Parent if under 18): _____

Date: _____

