



*in association with the Greater Smithtown Chamber of Commerce
Presents The Smithtown*

“RUNNING OF THE BULL”
5 K RUN AND 1 K FAMILY FUN RUN



5K

'16

SATURDAY SEPTEMBER 24th 2016

START AT NY AVE SCHOOL - CHECK IN 8:00 AM - RACE TIME 9:00 AM

REGISTER EARLY BY MAIL OR ONLINE AT SMITHTOWNCHAMBER.COM OR ACTIVE.COM

FILL OUT COMPLETELY & CLEARLY • 1 ENTRY PER PERSON • COPIES OK • SORRY NO REFUNDS

5K Run	\$20 Early Reg	\$25 Day of Reg	\$
1k Family Run/Walk	\$10.00 PER PERSON		\$

**“RUNNING OF THE BULL”
RACE ROUTE - 5k & Family Fun 1k**



NAME _____ MALE/FEMALE _____

ADDRESS _____

CITY _____ ZIP _____

STATE _____ BIRTH DATE _____

EMAIL _____ AGE _____

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Greater Smithtown Chamber of Commerce, its Board of Directors and volunteers, the Town of Smithtown, the Smithtown Central School District, Active.com and all race sponsors, their representatives, successors and assigns, for any and all injuries, illnesses and damages suffered by me in this event. I attest and verify that I am physically fit and have trained sufficiently for the completion of this 5K (3.1 mile) run, that I am aware of the considerable risks of competing in such an event, and that my physical condition has been verified by a licensed medical doctor. I hereby grant full permission to any and all of the foregoing entities to use any pictures or any other record of this event for any purpose whatsoever. If this document is signed by a parent, the parent attests that the child has permission to participate in this event, is in good physical condition and agrees to release and hold the above-mentioned entities and persons harmless from any claims and/or rights which may be asserted by or on behalf of the child in connection with this event.

Entries Can Be Mailed To:
Smithtown Chamber of Commerce
79 East Main St.
Smithtown NY 11787
Call 631-979-8069

Signature of Participant / Guardian of Participant _____ Date _____