

Ellen's 23RD ANNUAL Run®

Changing Lives, Saving Lives

SUNDAY, AUGUST 19, 2018 • 9 AM • STONY BROOK SOUTHAMPTON HOSPITAL • SOUTHAMPTON, NY • A 5K RACE/WALK

REGISTRATION

- Please print clearly and sign the application
- One person per application
- Application can be photocopied
- Additional applications are available at ellenhermanson.org

AWARDS

- Trophies for top three female and top three male runners
- Medals for top three females and top three males in each age group
- Award for the first place breast cancer survivor

SANCTIONED BY USA TRACK & FIELD

LAST NAME

FIRST NAME

STREET ADDRESS

() / /

APT #

CITY

STATE

ZIP CODE

F M

DAYTIME PHONE

DATE OF BIRTH (MM/DD/YYYY)

AGE ON RACE DAY

GENDER

EMAIL ADDRESS

TEAM NAME (OPTIONAL)



I AM A BREAST CANCER SURVIVOR

WAIVER AND RELEASE

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 to participate, I, for myself and anyone entitled to act to my behalf waive and release The Ellen P. Hermanson Foundation, The Village of Southampton, Southampton Hospital Foundation, Auyer Race Timing, USA Track & Field, all sponsors, race directors, their agents, servants, 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 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, and animals are prohibited in this race.

APPLICANT'S SIGNATURE (PARENT OR LEGAL GUARDIAN MUST SIGN IF APPLICANT IS UNDER 18)

DATE

PLEASE MAKE CHECK PAYABLE TO:

ELLEN'S RUN
P.O. BOX 4098
EAST HAMPTON, NY 11937



REGISTRATION FEE: \$35 (one person per application), \$25 for children under 12 and senior citizens, 65 and older



\$_____ MY TAX DEDUCTIBLE GIFT TO HELP CONTINUE ELLEN'S LEGACY

RETURN BY AUGUST 17, 2018, AND SAVE!
REGISTER ONLINE AT ELLENHERMANSON.ORG
DAY-OF-RACE REGISTRATION FEE IS \$45 FOR EVERYONE.

AGE GROUPS

UNDER 12 • 12-15 • 16-19 • 20-24 • 25-29 • 30-34

35-39 • 40-44 • 45-49 • 50-54 • 55-59 • 60-64

65-69 • 70-74 • 75-79 • 80+

RUNNERS' RAFFLE • GIVEAWAYS • REFRESHMENTS

FUNDS RAISED AT ELLEN'S RUN SUPPORT
PROGRAMS IN THE EAST END COMMUNITY.

YOUR SPONSORSHIP SUPPORTS PROGRAMS ON THE EAST END!



PLEASE JOIN US — WE NEED YOUR SUPPORT!
You can raise much-needed funds to help
breast cancer patients and their families
survive and thrive!



If each participant raised \$100,
The Ellen Hermanson Foundation
could provide 1000 free mammograms
to women in need.

SPONSOR PLEDGE FORM • ELLEN'S RUN • SUNDAY, AUGUST 19, 2018

NAME OF PARTICIPANT

PERMANENT MAILING ADDRESS

CITY, STATE, ZIP

PHONE

E-MAIL

TEAM NAME (OPTIONAL)

NAME OF SPONSOR	SPONSOR'S MAILING ADDRESS	E-MAIL	AMOUNT
1.			
2.			
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11.			
12.			
13.			
14.			

PLEASE MAKE CHECKS PAYABLE TO ELLEN'S RUN. RETURN SPONSORSHIP FORM AND PAYMENT TO:

ELLEN'S RUN • P.O. BOX 4098 • EAST HAMPTON, NY 11937

** OR BRING THEM TO THE PLEDGE DROP-OFF TABLE AT ELLEN'S RUN **