

5th Annual Memorial HERO Run

in memory of LTC Jaimie Leonard

5K/10K & Kids Run

JUNE 9, 2018

Race Day Registration from 7:30-8:30 am

5K/10K @ 9:15 am

Kids Run @ 8:45 am

Location: Warwick Valley Middle School, 225 West Street, Warwick, NY 10990
Awards: Top 3 M/F in the following age groups--Under 15, 15-20, 21-25, 26-30, 31-35, 36-40, 41-45, 46-50, 51-55, 56-60, 61-65, 66-70, 71 & up, Top 3 M/F overall, Most Participants from a Gym Trophy, Kids Run – all participants
Registration: (no refunds) Pre-registration \$20 for 10K/5K until April 1st, \$25 until May 16th. After May 16th & Race-day registration \$30 (Shirts are ONLY guaranteed to preregistered race participants before May 16th!)
Kids Run: \$10 (Kids shirts are ONLY guaranteed to preregistered race participants before May 16th!)
Register at: www.heroesindeed.org or www.facebook.com/heroesindeed

2018 Registration

Please print clearly and sign. If application is not filled out correctly and clearly, it will not be processed. Race organizers reserve the right to reject any entry. No refunds or transfers will be made. ONE ENTRY PER PERSON.

I know that running and road racing are potentially hazardous activities. I will not enter this race unless I am medically able and properly trained. I assume all risks associated with this event, including but not limited to, falls, contact with other participants, and the effects of the weather including low temperature, heat/humidity and/or precipitation, traffic and the condition of the road, all such risks being know and appreciated by me. Having read this waiver and knowing these facts, in consideration of accepting this entry, I, the undersigned, intending to be legally bound, for myself, my heirs, executors, and administrators, waive and release any and all claims for damages I may have against HERoes in Deed, Town of Warwick, Warwick Valley School District, Race Director(s), and their agents, employees representatives, successors, and assigns, from any and all liabilities, claims, demands, and causes of action whatsoever arising directly or indirectly from my participation in this event. I also release my rights to any photos, videos, images, etc. taken of me during this event.

Name: (print) _____ **Age:** _____ **Gender:**(Check) M F

Address: _____

Phone: _____ **Email:** _____

Team Gym Challenge (Name of Gym): _____

Veteran/Active Duty (Branch): _____

Are you at least 18 years of age?(check) Yes No (Parent's signature if under 18)

Race distance:(check) 5K 10K Kid's Run Virtual Run

Tee shirt size:(check) Kids Adult S M L XL XXL

Signature: _____

Date: _____

For **sponsorship opportunities**, please contact Liz at LizHarman@heroesindeed.org or by message at www.facebook.com/heroesindeed

