



NEW START TIME 10:30 AM

# The Herby Waterman ORC 5K Road Race Series



**January 6th & 20th, February 3rd & 17th, 2013 - 10:30 AM**



Registration & post race refreshments take place at the Richard C. Ward Addiction Treatment Center, 117 Seward Avenue, Middletown Community Campus



5K Course is at Middletown Community Campus (Psych Center)

**The Feb. 17th Race Opens the Prestigious 2013 Hudson Valley Grand Prix**

Awards presented on **February 17th** to top 3 overall male and female and top three in the following age groups, based upon best three times in the four races. Must complete three races to be eligible. If a race is cancelled, based upon best two of the three races.  
12 and under, 13-19, 20-29, 30-39; 40-49; 50-59, 60-69, 70+  
**(Walkers will receive recognition awards)**

### Directions to Richard C. Ward ATC

Route 17 East or West to Exit 121 West (Route 84 West) to Exit 3W (17M). Right at end of ramp, onto 17M (Dolson Ave.). Left at Wiedy's Furniture (County Road 108). CR 108 becomes CR 78. Continue on CR 78 to Maple Hill Elementary School entrance at Eggerton Rd. (same location as old entrance to Winter Series course and just before Monhagen Middle School, former registration location). Take a right onto Eggerton Rd. into the Middletown Community Campus. Turn right at end of Eggerton Rd. onto Dorothea Dix Dr. Turn right onto Seward Ave. Continue on Seward to #117 on the left.

### Awards Ceremony to follow the Winter Series (2-17-13)

Registration Cost:				
	Pre-registered (Postmarked by Jan 2)	Day of Race	Senior Special (60 & over - Pre-Reg or day of race)	Family (Max 4 People)
ORC/SS MEMBER	\$40 Series	\$45 Series	\$25 Series	\$70 Series
	\$20 per event	\$25 per event	\$8 per event	
NON-MEMBER	\$45 Series	\$50 Series	\$25 Series	\$70 Series
	\$20 per event	\$25 per event	\$8 per event	



Special thanks to the Richard C. Ward Addiction Treatment Center for the use of their facility. NO SMOKING permitted on Richard C. Ward ATC grounds. All participants & spectators must sign confidentiality waiver upon entering building.

Please make checks payable to: **Orange Runners Club** and mail to:  
ORC c/o Bill Schneider, P.O. Box 2144, Middletown, NY 10940  
For more information call Bill Schneider (845) 551-2638 or e-mail Joann Nowak at jnowak@hvc.rr.com

## ORC Herby Waterman Winter Series 5K Race

COMMEMORATIVE GIVEAWAY to runners preregistered for all 4 races by **December 30th**.

(Race Day Registrants are not guaranteed a giveaway.) Distribution will take place at the fourth race of the Winter Series.

Name (First): \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ e-mail: \_\_\_\_\_ age on **January 6th**: \_\_\_\_\_

Male  Female  ORC Member  SS Member  HVGP Participant  WALKER  RUNNER  
Amount Enclosed: \_\_\_\_\_

WAIVER: 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 effect of the weather, including high winds, cold temperatures, humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or inline skates, animals, and radio headsets are not allowed in the race and I will abide by this guideline. Having read this waiver and knowing these facts, and in consideration of your acceptance of my entry, I, for myself, waive and release the Orange Runners Club, Inc., its officers and agents, the City of Middletown, the State of New York, Middletown Psychiatric Center, Cornell Cooperative Extension of Orange County, all sponsors their representatives and successors, including employees, from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if under 18): \_\_\_\_\_