The Herby Waterman ORC 5K Road Race Series

January 10th & 24th, February 7th & 21st, 2016 – 11:00 AM
Walkers –10:30 AM

Registration & post race refreshments take place at the HONORehg, Inc. 38 Seward Avenue, Middletown Community Campus

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

Awards presented on February 21st 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 canceled, 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 HONORehg

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 Take a right onto Eggerton Rd. into the Middletown Community Campus. Turn right at end of Eggerton Rd. onto Dorothea Dix Dr. Turn left onto Seward Ave. Continue on Seward to #38 on the left.

Awards Ceremony to follow the Winter Series (2-21-16)

	Registration Cost:			
	Pre-registered (Postmarked by Jan 4th)	Day of Race	Senior Special (65 & over - Pre-Reg or day of race)	Family (Max 4 People)
ORC/SS/RRR/ MHRRC MEMBER	$55 Series	$60 Series	$40 Series	$140 Series- Pre
	$20 per event	$25 per event	$15 per event	$155 Series – Day of Race
NON-MEMBER	$60 Series	$65 Series	$45 Series	$155 Series -Pre
	$25 per event	$30 per event	$20 per event	$170 Series - Day of Race

HONOR
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Special thanks to the HONORehg, Inc.

All participants must sign confidentiality agreement.

*See back

Please make checks payable to: **Orange Runners Club** and mail to: ORC c/o John Lacenere, P.O. Box 2144, Middletown, NY 10940
For more information call John Lacenere (914) 443-0969, or call Bill Schneider (845) 551-2638 or e-mail Joann Nowak at jnowak@hvc.rr.com

* Family is defined as people living at same address. Max 2 adults

ORC Herby Waterman Winter Series 5K Race

****COMMEMORATIVE GIVEAWAY to runners pre-registered for all 4 races.****
(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 10th:_____

☐ Male ☐ Female ☐ ORC Member ☐ SS Member ☐ RRR ☐ MHRRC Amount Enclosed:_____

☐ RUNNER ☐ WALKER Shirt Size ☐ S ☐ M ☐ L ☐ XL Donation to HONORehg $_____

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 safety 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 hereby 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, HONORehg Inc, 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): _____

OVER →

HONOR

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Confidentiality Policy Agreement

Visitor Name (Printed): _____
(First & Last Name)

Please remember that we are bound by the trust people place in us to keep their conversations confidential. Small bits of information shared with someone outside the program/project (i.e., spouse, best friend, roommate, church members, etc.) may seem harmless to you, but may identify a person or issue you have been entrusted with. All discussions that take place within the scope of your involvement with the clients and the program will remain confidential. If you have a question concerning this policy, contact a staff member of HONOR.

I Affirm That:

I shall respect the privacy of our clients and hold in confidence all information obtained in the course of my visit. Therefore, I will not disclose client confidences to anyone except: (1) as mandated by law; (2) to prevent clear and immediate danger to a person or persons; I shall possess a professional attitude, which upholds confidentiality towards clients, co-workers, and any sensitive situations arising in the program. I, upon the conclusion of my visit, shall maintain client and co-worker confidentiality and I shall hold as confidential information about sensitive situations within our program. This Confidentiality Policy applies during and after my participation with HONOR.

This is to acknowledge that I have read, understand, and agree to the Confidentiality Policy & Waiver Agreement.

_____

Visitor Signature Date

STAFF: PLEASE SUBMIT FORM TO MICHELLE HERRERA.