



Honoring Anthony F. Dannible

Honoring Sponsor

Sunday August 20, 2017 Long Branch Park • Liverpool, NY

7:30 Registration - 9:15 am Walk Starts (Race starts at 9 am) www.hopeforbereaved.com

Grid for team name

If part of a team, list team name

Sex selection box

Sex

Grid for last name

Last Name

Grid for first name

First Name

Grid for street address

Street Address

Grid for city

City

State selection box

State

Zip code grid

Zip Code

Event selection: 5K Run

Event selection: 3K Walk

PSN/BIB grid

PSN/BIB

Register online at runsignup.com

OR

Send registration & check payable to: HOPE for BEREAVED, Inc. 4500 Onondaga Blvd. Syracuse, NY 13219

To make an additional donation to

Hope for Bereaved, Inc.

Check Here: \$10 \$20 Other Amount

E-mail:

Phone #:

Memorial Opportunity for \$100.00

Remember your loved one by having their name appear in the Memorial Section of the Run/Walk Tek Shirt. Print name below

Grid for memorial name



USATF Certified

Registration Fees:

\$25 pre-registration through August 11th, \$35, August 12th thru August 18th, \$40 day of event.

Age as of 8/20/17

All participants, aged 13 and older and registered by August 11th will receive a shirt.

All participants regardless of age, must be registered.

Early Packet Pick Up Saturday, August 19th @ Fleet Feet, 5800 Bridge Street—10am to 2pm

Adult Tek Shirt Size (Circle): Men's Women's — Small Medium Large XL 2XL 3 XL

I would like to decline the shirt and donate the cost back to HOPE.

The event will take place rain or shine. We reserve the right to cancel in extreme circumstances. There will be no refunds. Your entry

Waiver of Liability Statement

Please Read and Sign: In consideration of this entry being accepted. I the undersigned, and anyone entitled to act on my behalf agree to hold harmless Hope for Bereaved, Inc., the Remembrance Run/Walk committee, the Onondaga County, Onondaga Lake Park, Long Branch Park, vendors, volunteers, and sponsors, from all cost and liability arising out of my participation. I hereby waive all of my claims for damage or loss to my person or property which may be caused directly or indirectly from my participation and hereby assume liability for any loss, damage, or other liability from the Remembrance Run/Walk for Hope. I hereby attest that I am in proper health and physical condition to participate. I give my permission for medical release should I be involved in any accident or health damaging situation or should I require a form of medical treatment. I hereby grant full permission to use my likeness in any photographs, videotapes, recordings or any other record of this event for promotional purposes.

I have read the above statement and agree to this form.

Participant/Guardian Signature: Date:

Official Use Only Cash Check Credit Card