

10TH ANNUAL SOUNDS OF SILENCE 5K/10K RUN

RUN, WALK, STROLLER-WALK WITH KID'S FUN RUN

FOR PREGNANCY AND POSTPARTUM DEPRESSION/ANXIETY AWARENESS

In Memory and Celebration of Lisa Mary Reilly



REGISTRATION

EVENT DETAILS

Date: Saturday May 12, 2018
Check-in: Begins 8:00am
Race: **9:00am** 10k Start **9:30am** 5k Start
Weather: Rain or Shine
Location: Jones Beach State Park Parking Field 5
 Wantagh, New York
Note: 5k/10k run, walk, stroller-walk along scenic boardwalk course along the Atlantic Ocean.

PRE-REGISTRATION DEADLINES & FEES

Pre-Registration Deadline: May 5th
 5k Run/Walk/Stroller-walk: \$25
 5k Run/Walk/Stroller-walk (ages 11-18): \$15
 5k Run/Walk/Stroller-walk (ages 10 and under): \$5
 10k Run: \$40
 Kid's Fun Run: \$5
 Virtual Runner (not attending): \$30
Note: \$5 additional registration fee after May 5th
 Guarantee Your Name on BIB. Register by Apr 21st

AWARDS, RAFFLES, REFRESHMENTS & MORE

AWARDS: TOP 3 MALE / FEMALE OVERALL | TOP 3 MALE & FEMALE awards for various age groups | **TOP FUNDRAISER** (Individual and Team) | **BEST SCHOOL PARTICIPATION** | **COMMEMORATIVE T-SHIRTS** for first (250) entrants | **RACE SWAG BAG** (to first 500 registrants) | Pre and Post-race **REFRESHMENTS** and **SNACKS**. | **POST RACE RAFFLE:** Designer products, gift certificates, gift baskets and more | **VIRTUAL RUNNERS** receive t-shirt | **ANYONE** who raises **\$200** or more receives a sweet **SOS BEACH TOWEL!** ****PARTICIPANTS NEED TO BE PRESENT TO WIN.****

ONLINE & MAIL REGISTRATION INFORMATION

REGISTER, FORM A TEAM, FUNDRAISE ONLINE: www.elitefeats.com?sos

RACE NAME:

10th Annual Sounds of Silence 5K/10K Run
 (Walk, Stroller-walk with Kid's Fun Run)
 Wantagh, NY

MAIL IN REGISTRATION: MAKE/SEND A CHECK PAYABLE TO:

Postpartum Resource Center of New York
 109 Udall Road, West Islip, NY 11795
 postpartumny.org - 631-422-2255

Please indicate which apply:

5k Run [] 5k Walk [] 5k Stroller-walk [] 10k Run [] Kid's Fun Run []

Team Captain: _____

Team Name: _____

Last Name: _____

First Name: _____

Street Address: _____

Street Address: _____

City: _____

State: _____

Zip: _____

DOB: ____/____/____

Age (at time of race)

Gender: _____

F []

M []

Email: _____

Applicant's Signature: _____

Signature of Parent/Guardian if under age 18: _____

T-Shirt Size

ADULT

S [] M [] L [] XL [] 2XL [] 3XL []

KIDS

2T [] S [] M [] L []

I hereby waive all claims that I may have now or in the future, of every nature against The Postpartum Resource Center of New York, Inc., The People of the State of New York, The New York State Office of Parks, Recreation and Historic Preservation, The Long Island State Park, Recreation and Historic Preservation Commission, their commissioners, officers, agents, and employees, Elite Feats, Inc., all organizers, officials, volunteers, sponsors, and any other participating agencies with respect to any personal loss, illness, bodily injury, hazardous health conditions, or death I might suffer as a result of my participation in this event. I understand that participating in The Postpartum Resource Center of New York, Inc.'s, Sounds of Silence 5k /10k Run (Walk, Stroller-Walk with Kid's Fun Run) involves a strenuous activity, which I am physically capable of undertaking. I also fully understand the rigors of such competition and have prepared myself physically for the race. I represent that I have received no restrictions on such activity from any physician and attest I am physically fit for this event. I agree to follow the rules which govern road racing. I, the undersigned, have read the above waiver and release, and understand that I have given up substantial rights by signing it, and sign it voluntarily. I grant full permission for event organizers to use in promotional materials presented in any medium, my name, likeness, image, voice, photographs, videotapes or quotations. This permission is perpetual and worldwide.