



NEW YORK INSTITUTE OF TECHNOLOGY

School of Health Professions,
Behavioral, and Life Sciences
www.nyit.edu/hpbls

**NYIT 5K Run: Sunday, April 13, 2008
Registration Form**

5K Fun Run

First name: _____

Last name: _____

Age (on race day): _____

Date of birth: _____

Male Female

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____

Please complete entry form above and sign statement below.

I, the undersigned intending to be legally bound, hereby, for myself, executors, and administrators, hereby waive and release and hold harmless NYIT, all race sponsors, race directors and their agents, employees, representatives, successors, and assigns, for any and all liabilities, claims, demands, and causes for action suffered by me arising out of my participation in this event, whether or not arising in whole or in part out of the fault or negligence of any of the above organizations, instrumentalities, and individuals. I attest and verify that I understand that I am sufficiently physically fit to participate in this event and that I have sufficiently trained for the completion of this event, and that my condition has been verified by a medical doctor, doctor of osteopathic medicine, or nurse practitioner. If signed by a parent or guardian, the parent agrees to waive, release, and hold harmless all of the above. Further, I hereby grant permission to any and all of the foregoing organizations and instrumentalities to use photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose whatsoever.

Signature: _____

Date: _____

If less than 18 years old,

signature of parent or guardian: _____

Mail entries to:

New York Institute of Technology
Attn: Alicia Forde
Northern Boulevard
P.O. Box 8000
Old Westbury, NY 11568-8000