

# 16TH ANNUAL

# Ellen's<sup>®</sup> Run

CREATING A LEGACY FOR WOMEN'S HEALTH

Please print clearly. Incomplete and/or unsigned entries will not be accepted. One person per application. Application can be photocopied. Additional applications are available at [www.ellensrun.org](http://www.ellensrun.org). You must register as either a runner or a walker.\* If you think you may run even one step, you must register as a runner.

Sanctioned by USA Track & Field

## AWARDS

- Awards for top 3 female and top 3 male runners.
- Medals for top 3 female and top 3 male walkers.\*
- Medals to top 3 females and top 3 males in each age group.
- Award for the first place breast cancer survivor.

Last Name															First Name															M.I.		
Street Address																									Apartment Number/Suite							
City															State			Zip Code														
Daytime Phone					Date of Birth (Month, Day, Year)					Age (on 8/21/11)			Sex		M	F																
Email Address																																
Team Name (Optional)																																

I AM A BREAST CANCER SURVIVOR

I AM A RUNNER

I AM A WALKER

### WAIVER AND RELEASE

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 effects of the weather, including high heat and/or humidity, dehydration, traffic, and the conditions of the road, all such risks being known and appreciated by me. Having read the waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf waive and release The Ellen P Hermanson Foundation, the Village of Southampton, Southampton Hospital Association, Granite State Race Services, USA Track & Field, all sponsors, race directors, their agents, servants, and volunteers, their representatives and successors from all claims of liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, and any other record of this event for any legitimate purpose. I acknowledge that entry fees are non-refundable for any reason and that my right to participate in this event (or a rescheduled event if this event is cancelled) is non-transferable. Roller blades, baby joggers, headphones, and animals are prohibited from participating in this race.

Applicant's Signature (Parent or Legal Guardian must sign if applicant is under 18)

Date

Please make check payable to:

Ellen's Run  
P.O. Box 4098  
East Hampton, NY 11937

I am enclosing a check for \$30 made payable to Ellen's Run   
(Children under 12 and senior citizens 65 and older may preregister for \$25 each).

I am enclosing my check for \$\_\_\_\_\_ for \_\_\_\_ tickets to the party at \$250 per ticket.

I am (also) enclosing my tax deductible donation of \$\_\_\_\_\_.

RETURN BY AUGUST 18TH AND SAVE!

SAVE TIME AND REGISTER ONLINE AT [WWW.ELLENSRUN.ORG](http://WWW.ELLENSRUN.ORG)  
DAY OF RACE REGISTRATION FEE IS \$40 FOR EVERYONE — NO EXCEPTIONS!

## AGES

Under 12 • 12-15 • 16-19 • 20-24 • 25-29 • 30-34 • 35-39 • 40-44 • 45-49  
50-54 • 55-59 • 60-64 • 65-69 • 70-74 • 75-79 • 80+

## RAFFLES • GIVEAWAYS • REFRESHMENTS

\*If you register as a walker, running even one step is in violation of the rules of race walking. The race director reserves the right to disqualify such violators.



To help women and their families on Long Island's East End survive cancer and maintain a quality of life and hope, we need your support.



Our goal is for each participant to raise a minimum of \$100.

**SPONSOR SHEET • ELLEN'S RUN • SUNDAY, AUGUST 21, 2011**

Name (of participant) \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone (day) (\_\_\_\_) \_\_\_\_\_

Team (optional) \_\_\_\_\_

Name of Sponsor	Sponsor's Complete Mailing Address	Amount
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

**TOTAL \$** \_\_\_\_\_

Mail sponsor forms and checks to:      Or bring them to the Pledge Drop-Off Table at Ellen's Run.

**ELLEN'S RUN**  
 PO. Box 4098  
 East Hampton, NY 11937

Please make checks payable to ELLEN'S RUN

