Newport Hospital
A Lifespan Partner

5K ROAD RACE / WALK & KIDS FUN RUN

Newport County YMCA
Sunday, September 9, 2012 (Rain or Shine)

Place: Newport County YMCA, 792 Valley Road, Middletown, RI 02842. ***No entries to this address.** From Providence – take I-195 East to Rte. 24 South, to Rte. 138 South. Left onto Valley Road at Wendy's/ Shell Station – 1.5 miles to YMCA.

Course: Out and back from the Newport County YMCA along scenic Tuckerman Ave and Purgatory Rd. (**certified course**)

Entry Fees: $25 on-line or mail-in
Mail-in by August 31, 2012 ***Make checks payable to Newport Hospital**
Mail to Newport Hospital 5K C/O Lori Allan, POB 331 Portsmouth, RI 02871
On-line registration at www.newporthospitalrun.com No additional fees with on-line registration.
$23 with Military ID
$30 after August 31, 2012 (**on-line only or race day only**)
FREE Kids Fun Run, Medals will be awarded to all participants.

Packet Pick Up: Friday, September 7, 2012 at Newport County YMCA, 4PM-7PM or race day starting at 7AM.

Events:
9:30AM Fun run for kids 12 and under. Medals will be rewarded to all participants.
10:00AM Race start. Walkers and strollers welcome in back of runners.
11:00AM Award and raffle ceremony.

Official Timing: Chip timing by www.racewire.com

Awards: $100 to overall 1st top male and female finisher; $50 to overall 2nd place male and female.
Awards to the top three male and female finishers in each age group
Refreshments and raffle following the race

Age Groups: 18 and under, 19-29, 30-39, 40-49, 50-59, 60+

T-shirts: Short sleeve sport tech shirts guaranteed to everyone registered by August 31, 2012

Information: Email: newporthospital5k@yahoo.com Phone: Lori Allan (401)339-7589

Mail Entries to: Newport Hospital C/O Lori Allan, POB 331 Portsmouth, RI 02871

Name: (**Print**)_____ Age on Race Day:____Sex:____Email_____

Mailing Address:_____Phone:Number: _____

City/Town:_____State:____ Zip:_____ Shirt Size: S M L XL

Check Event: [ ] Kids Fun Run 5K Run / Walk [ ]

I assume all risk associated with running in this event including, but not limited to falls, contacts with other participants, the effects of the weather, traffic, and conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, Middletown, Middletown Police Department, the Newport County YMCA, Newport Hospital, Race Officials, Volunteers and all Sponsors, their representatives and successors from all claims or 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, or any record of this event for any legitimate purposes. I hereby certify that I am physically fit and have sufficiently trained for this event. **Signature:**_____**Date** _____

Parent (if under 18):_____