



Registration Form

MHA on the move: Run/Walk!

Sunday, October 17, 2010 - FDR Park, Yorktown Heights, NY

Check-in: 8 A.M. – Race Start **Rain or Shine!**

9 A.M. - 1 Mile Kids' Race 9:45 A.M. - 5K Run/Walk

Early Registration Deadline is October 3rd - Save Money and Register Now!

You can also register online at www.mhawestchester.org

Participant Information >> Please print clearly! (One Form Per Registrant, Please)

Male Female Runner Walker Kids' Race
 Last Name _____ First Name _____ Date of Birth ____/____/____
 Affiliation/ Group _____ Age: _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone (work) _____ Phone (home) _____ E-mail _____
 In case of emergency, call _____ Phone number _____

Registration Information

\$20 – Prior to Oct. 3rd for Adults
 \$25 – Race day for adults
 \$15 – Adults over 60
 \$10 – Prior to Oct. 3rd for children under 15
 \$15 – Race day for children under 15

Total payment enclosed: _____

Payment Information

Enclosed is my check (payable to MHA Westchester).
 Enclosed is my credit card number.
 MasterCard Visa Amex
 Card # _____ Exp. Date _____
 Shirt Size _____ S M L XL XXL
 Team Name (if applicable): _____

Send registration and pledge form to:

Constance Moustakas
 Senior Development Associate
 Mental Health Association of Westchester
 2269 Saw Mill River Road, Bldg. 1A
 Elmsford, NY 10523 914-345-5900 ext. 209 / Fax: 914-347-8859
onthemove@mhawestchester.org
www.mhawestchester.org

I move for mental health!

This fun, family-friendly event is designed to foster community awareness and appreciation for mental health and wellness while addressing the stigma often associated with mental illness. Medals awarded to top male/female runners in each age category. The morning includes food, entertainment, kids' raffle, sponsor exhibits and educational displays. Teams encouraged.

Make a difference...Register Today!

WAIVER MUST BE SIGNED.

Release and Waiver of Liability, Assumption of Risk and Indemnity and Parental Consent Agreement.

In consideration of being permitted to participate in any way in *MHA on the move* sponsored, walking or running activity, I, for myself, my personal representatives, assigns, heirs and next of kin:

- ACKNOWLEDGE, agree and represent that I understand the nature of *MHA on the move* and that I am qualified, in good health and in proper physical condition to participate in such activity. I further acknowledge that the activity will be conducted over public roads and facilities open to the public during the activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the activity.
- Fully understand that (a) running, walking can involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death ("risks"); (b) these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the activity, the condition in which the activity takes place or the negligence of the "Releasees" named below; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND RESPONSIBILITY FOR SUCH LOSSES, COSTS AND DAMAGES I incur as a result of my participation in the activity.
- HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE MHA OR WESTCHESTER COUNTY, their respective administrators, directors, agents, officers, members, volunteers and employees, other participants, any sponsors, advertisers and, if applicable, owners and lessors of premises on which the activity takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses or damages, on my account caused or alleged to be caused whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations; and further I agree that if, despite this release and waiver of liability, assumption of risk and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the "Releasees," I will indemnify, save and hold harmless each of the "Releasees" from any litigation expenses, attorney fees, loss liability damage or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, fully understand its terms, understand that I have GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

PARTICIPANT SIGNATURE

_____ (Print name) _____

IF PARTICIPANT IS UNDER 18, I, the parent and/or legal guardian of said minor child, understand the nature of running and walking activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and agree to indemnify, save and hold harmless each of the "Releasees" from all liability, claims, demands, losses or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, the minor or anyone on the minor's behalf makes a claim against any of the "Releasees" named above, I will indemnify, save and hold harmless each of the "Releasees" from any litigation expenses, attorney fees, loss liability, damages, or any cost that may incur as the result of any such claim.

PARENT/GUARDIAN SIGNATURE

Name of Minor _____ Age of Minor _____

Date _____

(only if participant is under the age of 18)



Sponsor Pledge Form

Participant Name: _____

Address: _____

Phone: _____ Email: _____

Team Name: (if applicable) _____

Return form to: MHA of Westchester, Attn: Development
 2269 Saw Mill River Road, Bldg. 1A Elmsford, New York 10523
 Phone: 914-345-5900, ext.209 Fax: 914-347-8859 email: onthemove@mhawestchester.org

Instructions

1. **Print** all information.
2. Sign this form on bottom, back page.
3. Start now to sign up sponsors.
4. Sponsors should donate a flat amount.
5. Make checks payable to “**MHA of Westchester**”
6. Mail pledges in by October 15, 2010.
DO NOT SEND CASH!
7. Additional pledges will be accepted at event.
8. Make a copy of this completed form for your records.

1. **Form a Team** Recruit friends, family, co-workers, and neighbors. Walking, or running with people you know adds to the fun! Choose a team name and appoint a Captain. MHA *on the move* Run/Walk is a time for meaningful camaraderie outside of the work or school environment. Show support for mental health and Run/Walk with us.
2. **Collect Donations** Set a goal for yourself and your team. Ask everyone you meet. No donation is too small or too large. Ask your employer and businesses you frequent to support you. Make your own donation. Although we will accept donations at the event, it would be most helpful if donations were mailed in **before Oct. 11, 2010**. Thank you.
3. **Motivate Your Team** Challenge team members to compete against each other to see who can raise the most money. Offer incentives to the person who raises the most money. **And have fun** – knowing that your effort will really make a difference to those in need of mental health services.

Sponsor's Name	Address	City, State, Zip	Phone	Cash	Check	Circle One	Credit Card & Expiration Date	Amount	
<i>Sample: Joe Smith</i>	<i>500 Fifth Avenue</i>	<i>New York, NY 10001</i>	<i>212 555-1212</i>			<i>MC-Visa-Amex</i>	<i>1111-2222-3333-4444</i>	<i>11/09</i>	<i>\$100</i>
1						MC-Visa-Amex			
2						MC-Visa-Amex			
3						MC-Visa-Amex			
4						MC-Visa-Amex			
5						MC-Visa-Amex			
6						MC-Visa-Amex			
7						MC-Visa-Amex			
8						MC-Visa-Amex			
9						MC-Visa-Amex			
10						MC-Visa-Amex			
11						MC-Visa-Amex			
12						MC-Visa-Amex			
13						MC-Visa-Amex			
14						MC-Visa-Amex			
15						MC-Visa-Amex			
16						MC-Visa-Amex			
							Total Pledges Enclosed		

Signature of Participant

Parent or guardian signature if participant is less than 18 years of age