



Pre-Registration Form

**MHA on the move Run/Walk**

Saturday, September 26<sup>th</sup>, 2009 - FDR Park, Yorktown Heights, NY

Check-in: 8 A.M. – 8:45 A.M. Rain or Shine!

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

**Early Registration Deadline is September 14th- Save Money and Register Now!**

**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 Sept.14th for Adults  
 \$25 – Race day for adults  
 \$15 – Adults over 60  
 \$10 – Prior to Sept.14th 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

**The Difference You Make**

You can help people with mental illness. By collecting pledges you will give those who suffer in silence a chance for hope and the right to quality mental health care. Your support is extremely important.

**Spread the word!**

***The Larger the Crowd- The Louder the Voice!***

**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 before Sept 21st, 2009.  
**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 Sept. 21<sup>st</sup> 2009**. 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		
							<b>Total Pledges Enclosed</b>	

\_\_\_\_\_  
*Signature of Participant*

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