SPRING SPRINT
RUN/WALK FOR MENTAL HEALTH

St. Vincent's Hospital Westchester
A Division of Saint Joseph's Medical Center

REGISTRATION FORM

SATURDAY, MAY 11, 2024

The 5K Spring Sprint Run/Walk is sponsored by the Auxiliary Board of St. Vincent's Hospital Westchester, a division of Saint Joseph's Medical Center, to raise funds and awareness for behavioral health. Please note 5K road race is not sanctioned, distance has been approximated.

Registration Fee — $35

Includes race t-shirt

Payer's Name (Please Print) _____ **E-mail** _____ **Telephone** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Participant First/Last Name	Team Name (10 or more participants required)	Sex	Age
		M / F	
		M / F	
		M / F	
		M / F	
		M / F	
		M / F	
		M / F	

IMPORTANT!!

WAIVER SIGNATURE IS REQUIRED TO PARTICIPATE (Parent must sign if participant is under 18).

Date

X _____

I know that participating in the Run/Walk event is a potentially hazardous activity. I agree not to enter and participate unless I am medically able and properly trained. I agree to abide by any decision of any race official as to my ability to safely complete the event. I assume all risks with participating in this event. Having read this waiver and knowing these facts, I, for myself and anyone entitled to act in my behalf waive and release St. Vincent's Hospital Westchester, Saint Joseph's Medical Center, the Town of Harrison and the Village of Harrison, the Westchester Country Club, race officials, volunteers and all sponsors 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 other record of this event for any legitimate purpose without remuneration. I understand this waiver applies to all registrants above.

PAYMENT

☐ Check enclosed. Please make check payable to St. Vincent's Hospital — St. Joseph's Health Fund

☐ Please charge my credit card: ☐ Visa ☐ MasterCard ☐ American Express Card #: _____

Name on card: _____ Signature: _____ Exp. Date: _____

Please sign waiver above and return form to: St. Vincent's Hospital Westchester, ATTN SPRING SPRINT, 275 North Street, Harrison, NY 10528, or email stvdevelopment@svwsjmc.org. **Event details**: stvincentswestchester.org or call (914)925-5401.

Proceeds are designated to enhance patient care at St. Vincent's Hospital Westchester. St. Vincent's Hospital, a division of Saint Joseph's Medical Center, is a nonprofit 501(c)(3) organization. Your donation is fully tax deductible to the extent allowable by law.