

Third Annual **DANK 5K**

and 1 Mile Fun Run/Walk



SPONSORED BY:

**DANIEL M. KENNY, JR.
MEMORIAL SCHOLARSHIP FUND**



IN COLLABORATION WITH
**GOLD'S GYM
CARMEL, NY**



ALL PROCEEDS TO BENEFIT THE DANIEL M. KENNY, JR MEMORIAL SCHOLARSHIP FUND

SEPTEMBER 19, 2010

GOLD'S GYM OF CARMEL, NY

REGISTRATION: 8:00AM

RACE STARTS: 9:00 AM

**PRE-REGISTER BY SEPTEMBER 9, 2010
GUARANTEES A T-SHIRT!**

ENTRY FEES:

\$15.00 for Pre-Registered Runners

\$20.00 for after September 14, 2010
and Race Day Registration

CHECKS PAYABLE TO:

D.M.K. Memorial Scholarship Fund
Mail to: P.O. Box 554, Carmel, NY 10512

COURSE:

Rolling hills in a residential development.
Water stops throughout the course and at the
finish. Race results will be posted race day and
on Fast Finishes (www.fastfinishes.net).

Stick around for Post-Race Celebration!

AWARDS!

- First, Second, and Third overall Male and Female
- First in each age category, Male and Female



ON THE WEB:

visit: www.dankenny.org

email: dankennyfund@gmail.com

For more information call:

Co-Race Director: Adrianna Maselli
(914) 760-3924
acefit411@comcast.net

or

Co-Race Director: Brett Peter Linn
(845) 225-1020
brett.linn@yahoo.com

Registration for **DANK 5K**, Sunday, September 19, 2010

I know that 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 program director relative to my ability to safely complete the run/walk. I assume all risks associated with running/walking in his event including, but not limited to: falls, contact with other participants, the effects of weather, including high heat and humidity, traffic and conditions of the road or trail, all such risks known or appreciated by me. Having read this 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 Daniel M. Kenny, Jr. Memorial Scholarship Fund and Gold's Gym, and all sponsors, their representatives, successors and assigns from all claims and liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness of the persons named in this waiver. 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. Minors accepted only with a parent or guardian's signature.

Name: _____ Male _____ Female _____ Birthday _____ / _____ / _____

Address _____ City _____ State _____ Zip _____

Emergency Contact _____ Emergency Phone _____ E-MAIL _____

Parent's Signature if under 18 _____ Amount enclosed _____

Make Checks Payable to: D.M.K. Memorial Scholarship Fund, P.O. Box 554, Carmel, NY 10512

T-Shirt Size: S _____ M _____ L _____ XL _____

Registered Event: 5K _____ 1 Mile Fun Run/Walk _____