

**Second Annual Dan K 5K
and 1 Mile Fun Run/Walk**
Sponsored By:
The 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**

Date: September 13, 2009

**Registration: 8:00 a.m.
Race Starts at: 9:00 a.m.
At Gold's Gym, Carmel, NY**

**Pre-Register By September 4, 2009
Guarantees a T-Shirt!**

Entry Fees:
\$15.00 for Pre-Registered Runners
Make checks payable to:
D.M.K. Memorial Scholarship Fund
Mail to: P.O. Box 554, Carmel, NY 10512

\$20.00 for after September 4 and Race Day
Registration

**Course: Rolling hills in a residential
development. Water stops halfway
and at finish. Race results to be
posted race day and on Fast Finishes
(www.fastfinishes.net).**

Post-race Celebration!

For more information call:

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



Awards

First, Second and Third
Overall: Male and
Female

First in Each Age
Category: Male and
Female

Visit Our Website:
www.dankenny.org

E-Mail:
dankennyfund@gmail.com



Registration for 5K, Sunday, September 13, 2009

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 _____