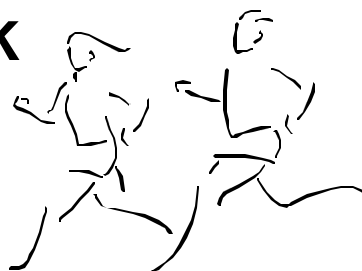


NYACK HOSPITAL / PROVIDENT BANK

14th ANNUAL 10K RUN AND 5K WALK

Saturday, November 20, 2004 - 9:00 am Start



FEATURES:

- Cer ti fied sce nic loop course through vil lage of Ny ack be gin ning and ending at Ny ack Hos pi tal
- Split times each mile; big digi tal clock at the fin ish
- Wa ter sta tions at - 1, 3, 5, mile and fin ish
- Com put er ized race re sults
- Long sleeve shirt to all walkers/runners
- Spot ters on Walk course
- Re fresh ments at fin ish
- Race re sults will be mailed and on Internet

AWARDS:

- Awards to top 3 fin ish ers in each Age Group
- High School Sen iors (best male and best fe male) el i gi ble for the **Sixth Annual Robert Cifuni Jr. Scholarship**, to be awarded by Ny ack Hos pi tal.

DOOR PRIZES (YOU MUST BE PRESENT TO WIN)

AGEDIVISIONS:

19 & un der; 20- 29, 30- 39, 40- 49, 50- 59, 60-69, 70+

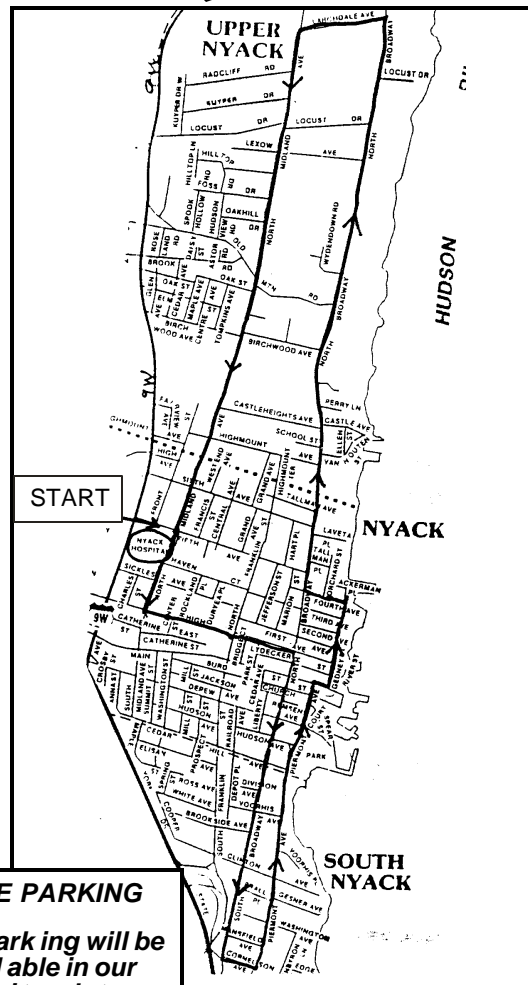
PRE-REGISTRATION:

Please pre- register prior to **No vem ber 17**.
Fee: \$15.00. Make check pay able and mail to

Nyack Hospital Foundation, Inc.
 160 North Mid land Ave., Nyack NY 10960

RACEDAYSCHEDULE/REGISTRATION:

7:00 a.m. to 8:45 a.m. Check in for 10K Health Run & 5K Walk
Fee: \$20.00 - Krutz Auditorium, Nyack Hospital
 9:00 Nyack Hos pi tal 10K Run & 5K Walk Awards Cer e mony at con clu sion of race. **No** baby strol lers, roller/inline skates, baby jog gers, or pets al low ed on the race course.



DIRECTIONS: South bound NYS Thru way to Exit 11 - Ny ack. Left at traf fic light onto Rt. 59. At 1st traf fic light, turn left onto 9-W (north). Ny ack Hos pi tal is 2 blocks on right. From NYC: GW Bridge to Pali sades Park way North to NYS Thru way South, to exit 11. Fol low pre ceding di rec tions. **From New Jer sey:** Gar den State Park way to south bound NYS Thru way to Exit 11. Fol low pre ceding di rec tions. **From Bronx, Westchester, Conn.:** TZ Bridge-NYS Thru way North to Exit 11- through STOP sign to 1st light, left onto 9-W (north.) Ny ack Hos pi tal will be on your right 1 block, turn right onto Sick les Ave nue for park ing or con tinue 100 feet and park in Staff Lot on left side.

PLEASE CHECK:

10K Run 5K Walk

SEX _____ DATE OF BIRTH ____/____/____ AGE _____

PLEASE PRINT:

LAST NAME FIRST NAME MI

STREET ADDRESS CITY STATE ZIP

PHONE NO. (HOME) (_____) _____ (WORK) (_____) _____ PREDICTED TIME _____

WAIVER:

Nyack Hos pi tal and Ny ack Hos pi tal Foun da tion's li abil ity ex clu des road races. In con sid era tion of your ac cept ing this en try, I, the un der signed, in tend ing to be le gally bound, hereby for my self, my heirs, ex ecu tors and ad min is tra tors, waive and re lease any and all rights and claims for dam ages I may have against Ny ack Hos pi tal Foun da tion, Ny ack Hos pi tal, the vil lages of South Ny ack, Ny ack, Up per Ny ack, the towns of Clarkstown and Oran getown, and any and all spon sors and their rep re sen ta tives, suc ces sors or as sign ees for any and all in ju ries suf fered by me in said event. I at test and ver ify that I am physi cally fit and have suf fi ciently trained for the com ple tion of this event, and that my physi cal con di tion has been ver ified by a li censed medi cal doc tor. Fur ther, I hereby grant full per mis sion to any and all the fore go ing to use any pho to graphs, mo tion pic tures, re cord ings or any other rec ord of this event for any le giti mate pur pose.

SIGNATURE _____ DATE _____