

Join Trisha Meili  
(the Central Park Jogger),  
fellow NY runners,  
the always inspiring members  
of the Achilles Track Club  
and America's heroes.

Run, walk or wheel your way  
to the finish line.

It's a FAMILY event.  
Kids FUN RUN at 10:30am  
Music and entertainment until noon.

Trisha Meili and Senator David Paterson



Goldman  
Sachs



Steve & Elly  
Hammerman

SILVERSTEIN  
PROPERTIES



United Way of New York City  
Helps Here

PROSTHETICS & ORTHOTICS  
Hanger<sup>INC.</sup>

City of New York  
Parks & Recreation

NEW YORK  
ROAD RUNNERS



**Achilles**

42 West 38th St., Suite 400  
New York, NY 10018  
Phone: 212-354-0300  
Fax: 212-354-3978  
[www.achillestrackclub.org](http://www.achillestrackclub.org)

**APPLICATION FOR ENTRY**

Cushman & Wakefield  
presents the  
Third Annual  
**Hope & Possibility  
5 Mile Run/Walk**

Sunday June 26, 2005  
8:30am  
Central Park



**Achilles**

[www.achillestrackclub.org](http://www.achillestrackclub.org)

**WHERE:**

Start and Finish in Central Park  
99th St. & East Drive

**WHEN:**

Sunday, June 26, 2005

**START TIME:**

Wheelchair Start: 8:20am

Main Start: 8:30am

Kids Fun Run Start: 10:30am

Run, walk, or wheel the 5 mile race yourself or with a team of 2 or more members (the more the merrier!). Stay for post race activities in the East Meadow.

**Register:** Online at [www.nyrr.org](http://www.nyrr.org) or complete the attached registration form and mail it to New York Road Runners, 9 E. 89th Street, NY, NY 10128.

**Entry Fee:** \$20 (\$30 after June 20, 2005). Sign up your friends, relatives and co-workers! There IS power in numbers! The larger the team, the greater the fundraising opportunity for your favorite charity. Contact Achilles for pledge forms.

**T-Shirt and Packet Pickup:**Prior to Race Day

- Friday, June 24, 11am - 7pm;
  - Saturday, June 25, 11am - 4pm
- at NY Road Runners, 9 E. 89th Street, NY, NY.

Race Day

- Central Park, 99th Street & East Drive, 6:30am - 7:30am.

The race is timed using the ChampionChip system. Follow the instructions in your packet on attaching the chip to your shoe and then returning the chip after the race. You will be charged \$30 if you do not return the chip within 20 days.

**Volunteers:** Running and non-running volunteers are needed! For more information, call us at 212-354-0300 or go to [www.achillestrackclub.org](http://www.achillestrackclub.org)

**Kids:** Kids 2 -10 years old are invited to participate in the Kids Fun Run at 10:30am. Any child over 10, accompanied by an adult, can participate in the 5M at 8:30am. For more information call 212-354-0300 or e-mail [achilleskids@yahoo.com](mailto:achilleskids@yahoo.com)

**Prizes:** All finishers will receive the NYC Sports Commission Mayor's Cup Medal. Prize money for all categories, including teams. See our website for more details.

# The Hope & Possibility 5 Mile Run/Walk Application

Please fill out and return with a check (payable to NYRR) OR completed credit card information to:  
New York Road Runners, 9 East 89 Street, New York, NY 10128  
or register online with a credit card at [www.nyrr.org](http://www.nyrr.org)

**Registration: \$20 through June 20, 2005; \$30 after June 20, 2005**

**Please Check ONLY one:**

- Runner/Walker      Athlete with Disability:  Ambulatory Disabled     Pushrim Wheelchair     Handcrank  
 Visually Impaired     Power Wheelchair

**Volunteer Guide**

Interested in volunteering as a running guide?  
Please go to [www.achillestrackclub.org](http://www.achillestrackclub.org) or call 212-354-0300 for more information.

**Individual or Team Member Application**

NYRR MEMBERSHIP NO.		CHIP NO. (OWNERS ONLY)		T-SHIRT SIZE (S - M - L - XL)	
LAST NAME (ONLY ONE RUNNER PER FORM)			FIRST NAME		
RACE DAY AGE	BIRTH DATE (MONTH/DAY/YEAR)	SEX	DAYTIME PHONE		
MAILING ADDRESS		CITY	STATE	ZIP CODE	
E-MAIL ADDRESS			TEAM NAME		
OPTIONAL: NAME OF NON-PROFIT ORGANIZATION OR EDUCATIONAL INSTITUTION YOU WISH TO SUPPORT					
<input type="checkbox"/> ACHILLES <input type="checkbox"/> OTHER CHARITY OF YOUR CHOICE. PLEASE SPECIFY: _____					
ADDRESS OF NON-PROFIT ORGANIZATION OR INSTITUTION					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CREDIT CARD NUMBER				EXPIRATION DATE	
NAME AS IT APPEARS ON CREDIT CARD			<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> MASTER CARD	<input type="checkbox"/> VISA

**Race Fee**

Entry Fee: \$ \_\_\_\_\_  
\$20 through June 20, 2005  
(\$30 after June 20, 2005)

**WAIVER AND RELEASE**

**IMPORTANT NOTE:** This General/Adult Application Form is to be completed by the general public, Achilles members and volunteers (including running guides), and kids over 10 years of age (who are not members of the Achilles Kids Program) running the 5 mile race, who must be accompanied by an adult, who must also complete the Application Form.

I know that participating in the Achilles Hope & Possibility 5 Mile Run/Walk (the "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 a race official relative to my ability to safely complete the Event. I am voluntarily entering and assume all risks associated with participating in the Event, including, but not limited to, falls, contact with vehicles, other participants, spectators or others, the effect of weather, including high heat, extreme cold and/or humidity, traffic and conditions of the road, all such risks being known and appreciated by me. I grant to the Medical Director of this Event and his designee access to my medical records and physicians, as well as other information relating to my medical care that may be administered to me as a result of participation in this Event.

Having read this Waiver and knowing these facts, and in consideration of your accepting my application, I waive and release the Achilles Track Club, Inc., Achilles Kids Program, New York Road Runners Club, Inc., Road Runners Club of America, the City of New York and all its agencies, and all Sponsors of the Event, and the officers, directors, employees, volunteers and other representatives of each of the foregoing, from present and future claims and liabilities of any kind, known or unknown, arising out of my participation in this Event or related activities, even though that liability may arise out of ordinary negligence or fault on the part of the persons named in this Waiver. I grant permission to all the foregoing to use or authorize others to use photographs, motion pictures, recordings, or any other record of my participation in the Event for any legitimate purpose without remuneration.

Where this Waiver is signed by a parent on behalf of his/her child, the term "I," "me" and "my" refers to the child and/or such parent, as appropriate to give full effect to the Waiver.

Signature (if under 18, signature of parent/guardian required)

Date

**For more information, log on to [www.achillestrackclub.org](http://www.achillestrackclub.org) or call 212-354-0300.**