



# The ORANGE RUNNERS CLUB

## 5K Road Race Series



**January 12th & 26th, February 9th & 23rd, 2020 – 11:00 AM**  
**Walkers – 10:30 AM**



Registration & post race refreshments  
 take place at the HONOR ehg, Inc. 38  
 Seward Avenue, Middletown Community  
 Campus



5K Course is at Middletown  
 Community Campus (Psych Center)

### Directions to HONOR ehg

Route 17 East or West to Exit 121 West  
 (Route 84 West) to Exit 3W (17M). Right at  
 end of ramp, onto 17M (Dolson Ave.). Left at  
 County Road 108. CR 108 becomes CR 78.  
 Continue on CR 78 to Maple Hill Elementary  
 School entrance at Eggerton Rd. Take a right  
 onto Eggerton Rd. into the Middletown  
 Community Campus. Turn right at end of  
 Eggerton Rd. onto Dorothea Dix Dr. Turn left  
 onto Seward Ave. Continue on Seward to  
 #38 on the left.

Awards presented on **February 23rd** to top 3 overall male and female  
 and top three in the following age groups, based upon best three times  
 in the four races. Must complete three races to be eligible. If a race is  
 canceled, based upon best two of the three races.

12 and under, 13-19, 20-29, 30-39; 40-49; 50-59, 60-69, 70+  
**(Top 5 Walkers will receive awards)**

### Awards Ceremony to follow the Winter Series (2-23-20)

	Registration Cost:			
	Pre-registered (Postmarked by Jan 7th)	Day of Race	Senior Special (65 & over - Pre-Reg or day of race)	Family (Max 4 People) <sup>1</sup>
ORC/RRR/ ACTIVE MILITARY/ STUDENTS/1 <sup>ST</sup> RESPONDERS	\$60 Series	\$75 Series	\$45 Series	\$160 Series - Pre
	\$20 per event	\$25 per event	\$15 per event	\$185 Series - Day of Race
NON-MEMBER	\$75 Series	\$90 Series	\$60 Series	\$180 Series - Pre
	\$25 per event	\$30 per event	\$20 per event	\$210 Series - Day of Race



Special thanks to the  
 HONOR ehg, Inc.

All participants must sign  
 confidentiality agreement.

\*See back

<sup>1</sup> Family is defined as people living at same  
 address. Max 2 adults.

### In memory of:

RACE #1 HERBY WATERMAN  
 RACE #2 ANDY LATINCSICS  
 RACE #3 BILL NORTON  
 RACE #4 PETE MAZIEKO

Please make checks payable to: **Orange Runners Club** and mail to:  
 ORC c/o Martin Nowak, P.O. Box 2144, Middletown, NY 10940.

For more information call John Lacenere (914)443-0969 or call Bill Schneider  
 (845)551-2638 or e-mail Joann Nowak at jnowak12666@gmail.com

## ORANGE RUNNERS CLUB 5K Race

Name (First): \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age on January 12th: \_\_\_\_\_ e-mail: \_\_\_\_\_ Phone # : \_\_\_\_\_

☐ Male ☐ Female ☐ ORC Member ☐ Girls Run ☐ RRR ☐ OTHER \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_

☐ RUNNER ☐ WALKER Shirt Size ☐ S ☐ M ☐ L ☐ XL Donation to HONOR ehg \$ \_\_\_\_\_

WAIVER: I know that running 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 race official relative to my ability to safely complete the run. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effect of the weather, including high winds, cold temperatures, humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or inline skates, animals, and radio headsets are not allowed in the race and I will abide by this guideline. Having read this waiver and knowing these facts, and in consideration of your acceptance of my entry, I hereby for myself, waive and release the Orange Runners Club, Inc., its officers and agents, the City of Middletown, the State of New York, Middletown Psychiatric Center, HONOR ehg Inc, Cornell Cooperative Extension of Orange County, all sponsors their representatives and successors, including employees, from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if under 18): \_\_\_\_\_

OVER





## Confidentiality Policy Agreement

Visitor Name (Printed): \_\_\_\_\_  
(First & Last Name)

Please remember that we are bound by the trust people place in us to keep their conversations confidential. Small bits of information shared with someone outside the program/project (i.e., spouse, best friend, roommate, church members, etc.) may seem harmless to you, but may identify a person or issue you have been entrusted with. All discussions that take place within the scope of your involvement with the clients and the program will remain confidential. If you have a question concerning this policy, contact a staff member of HONOR.

### **I Affirm That:**

I shall respect the privacy of our clients and hold in confidence all information obtained in the course of my visit. Therefore, I will not disclose client confidences to anyone except: (1) as mandated by law; (2) to prevent clear and immediate danger to a person or persons; I shall possess a professional attitude, which upholds confidentiality towards clients, co-workers, and any sensitive situations arising in the program. I, upon the conclusion of my visit, shall maintain client and co-worker confidentiality and I shall hold as confidential information about sensitive situations within our program. This Confidentiality Policy applies during and after my participation with HONOR.

This is to acknowledge that I have read, understand, and agree to the Confidentiality Policy & Waiver Agreement.

\_\_\_\_\_  
Visitor Signature

\_\_\_\_\_  
Date

*STAFF: PLEASE SUBMIT FORM TO MICHELLE HERRERA.*