



# The Herby Waterman ORC 5K Road Race Series



**January 8th & 22nd, February 5th & 19th, 2017 – 11:00 AM**  
**Walkers – 10:30 AM**



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



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

Awards presented on **February 19th** 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+  
**(Walkers will receive recognition awards)**

### Directions to

### HONORehg

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  
Wiedy's Furniture (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.



Special thanks to the HONORehg, Inc.

All participants must sign confidentiality  
agreement.

\*See back

\* Family is defined as people living at  
same address. Max 2 adults

### Awards Ceremony to follow the Winter Series (2-19-17)

Race #2 will honor Andy Latincsics who passed away this past year.	Registration Cost:			
	Pre- registered (Postmarked by Jan 3rd)	Day of Race	Senior Special (65 & over - Pre- Reg or day of race)	Family (Max 4 People)
ORC/SS/WRR RRR/ WPMT MHRRC	\$55 Series	\$60 Series	\$40 Series	\$140 Series- Pre
	\$20 per event	\$25 per event	\$15 per event	\$155 Series – Day of Race
NON- MEMBER	\$60 Series	\$65 Series	\$45 Series	\$155 Series -Pre
	\$25 per event	\$30 per event	\$20 per event	\$170 Series - Day of Race

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  
jnowak@hvc.rr.com

### ORC Herby Waterman Winter Series 5K Race

*Any former student of Andy Latincsics - the race fee will be \$10 per race.*

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

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

Phone #: \_\_\_\_\_ e-mail: \_\_\_\_\_ age on **January 8th**: \_\_\_\_\_

Male  Female  ORC Member  SS Member  RRR  OTHER \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_

RUNNER  WALKER Shirt Size  S  M  L  XL Donation to HONORehg \$ \_\_\_\_\_

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, HONORehg 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.*