

Saturday, October 30  
Veterans Park  
1717 Bedell Rd  
Grand Island, NY  
9:00 AM



As you may recall, Amy Stewart was the victim of a hit and run crime on March 7, 2009. She was in a coma in the trauma unit of ECMC and suffered a traumatic brain injury. She was hospitalized for 75 days. Amy's rigorous rehabilitation continued for 9 months at ECMC as an outpatient. Amy's determination and indelible spirit, as well as the remarkable staff at ECMC, played a key role in her recovery. Last year, there was a benefit race held for Amy called "Strides for Stewart." This year Amy, in the spirit of giving back, is holding a benefit race called "Strides for Stewart 2 Benefit ECMC." It is her wish to help the hospital that helped her so greatly. **Amy is asking for your donation to assist her in her goal of raising money for the rehabilitation department at ECMC.** Amy continues to make great "strides" in her recovery and is hopeful that your assistance will make this race successful. Thank you in advance for your help!

Contact Information: 716.773.9143 or [stridesforstewart@yahoo.com](mailto:stridesforstewart@yahoo.com)

DETACH HERE



## OFFICIAL ENTRY AND DONATION FORM

ENTRY FEE: \$15 UNTIL 10/27 | ENTRY FEE 10/28 THROUGH DAY OF RACE: \$20 | NO ROLLERBLADES, BIKES, ANIMALS

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LAST NAME

FIRST NAME

[illegible]

NUMBER &amp; STREET

[illegible]

CITY/TOWN

STATE

ZIP/POST CODE

[illegible]

SEX

AGE

AREA CODE/PHONE

DATE OF BIRTH

RUNNER#

TSHIRT SIZE

[illegible]

EMAIL ADDRESS

I WOULD LIKE TO MAKE A MONETARY DONATION OF: \_\_\_\_\_

## Strides for Stewart 5K Walk/Run/Jog WAIVER

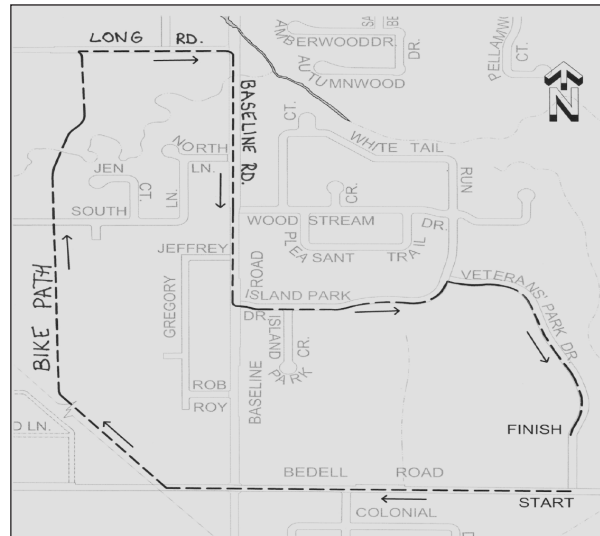
I acknowledge that running/walking is a potentially hazardous activity and I assume all risks associated with running/walking in this event including, but not limited to: falls, contact with other participants, the conditions of the course, all such risks being known and appreciated by me. In consideration of your accepting my entry, I, for myself and anyone who asserts a claim on my behalf, hereby waive and release any and all rights and claims for damages and causes for suits or action, known and unknown, that I may have against the Town of Grand Island, the Town of Grand Island Department of Recreation, committee members and organizers for and any and all participating supporters and sponsors and the directors, officers, employees, volunteers and agents of such parties ("Releasees"), for any injuries or losses arising from or related to my participating in this event, even though that liability may arise out of negligence or carelessness on the part of the persons and entities named in this waiver. I further agree to indemnify and hold harmless the Releasees against any such claim that I, or anyone on my behalf, may have or assert and against any cost including attorney's fees with respect thereto. I grant permission to all the foregoing to use any name, likeness, and identity in any photographs, motion pictures, recordings, or any other record of this event in perpetuity, throughout the world, in any media now known or developed later for any legitimate purpose.

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

Signature of Parent/Guardian if Under 18: \_\_\_\_\_

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- Race results by "Perfect Timing"
- Registration/check-in on site starting at 7:30 AM
- Race will start at 9:00 AM sharp, rain or shine
- Awards to be given to top overall male and female and top male and female in age groups:  
14 and under, 15-19, 20-24, 25-29, 30-34,  
35-39, 40-44, 45-49, 50-54, 55-59, 60-64,  
65-69, 70-74, 75-79, 80+
- Race sanctioned by USATF
- Certification Number: NY09014JG



Course Certified

Mail entry to:  
Checks payable to:  
Strides for Stewart 2 Benefit ECMC  
c/o 1769 Fix Road  
Grand Island, NY 14072



s t r i d e s   f o r  
**stewart** <sup>2</sup> <sup>benefit</sup>  
ECMC  
5K | 10.30.10

If you are not able to run or walk – donations greatly accepted