14th Annual

MARCUM WORKPLACE CHALLENGE

JOIN THE FUN AT LONG ISLAND'S LARGEST OFFICE PICNIC!
A 3.5 MILE CHALLENGE OPEN TO ALL RUNNERS AND WALKERS

Tuesday July 30, 2019 AT 7PM

JONES BEACH STATE PARK

"TOP DOG" ENTRY FORM

Early Entry Fee: $24 through June 1, 2019
Entry Fee: $28 June 2 - July 26 (midnight), 2019
Late Entry Fee: $35 July 27 through July 30, 2019

TOP DOG ELIGIBILITY

To participate in this category you must be the most senior executive at your location (ex: CEO, COO, CFO, Senior Partner, Director, Principal) participating in this event. A company must have at least 5 participating members in order for a Top Dog to be submitted.

On the evening of the event you must complete and submit to your captain a "Top Dog" scorecard in order to be eligible for the "Top Dog" award and listed in the results.

The decision of the Marcum Workplace Challenge Race Committee regarding "Top Dog" eligibility is final.

Please Print Clearly (all information must be provided)

SEX (M/F) | AGE ON RACE DAY | MONTH | DATE | YEAR — DATE OF BIRTH | SHIRT SIZE (S, M, L, XL, XXL)

EXACT NAME OF COMPANY

JOB TITLE

FIRST NAME | AREA CODE | BUSINESS PHONE

LAST NAME | AREA CODE | HOME PHONE

HOME ADDRESS | APT.

CITY | STATE | ZIP CODE

EMAIL ADDRESS

EMERGENCY CONTACT NAME | EMERGENCY CONTACT PHONE

AGREEMENT AND RELEASE

Please complete the entry blank, read the following statement, and sign below: In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors and administrators, successors and assigns, hereby waive and release and hold harmless MARCUM LLP, THE GREATER LONG ISLAND RUNNING CLUB, New York State Office of Parks, Recreation and Historic Preservation, and all event sponsors, and their agents, employees, successors and assigns for any and all liabilities, claims, demands, and causes of action whatsoever arising directly or indirectly from my participation in this event, even if such liabilities, claims, demands and causes of action arise in whole or in part out of the negligence of any of the above organizations or individuals. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event, and that my physical condition has been verified by a licensed Medical Doctor or Doctor of Osteopathic Medicine. If signed by a parent, the parent agrees to release and hold the above-named organizations and individuals harmless of any claims and rights which might otherwise have been asserted on behalf of the applicant. Further, I hereby grant permission to any and all of the foregoing organizations and individuals to use photographs, videotapes, DVDs, motion pictures, recordings, and any other record of this event for any purpose whatsoever.

APPLICANT SIGNATURE | **DATE**

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