



"Some people come into our lives and quickly go. Some stay for awhile and leave footprints on our hearts. And we are never, ever the same."

HEROES AGAINST HEROIN John Brower Jr



Saturday, September 13, 2025
Registration 9:00 AM
Walk Begins: 10:00 AM
Jones Beach - Field 1

Join us for a family day full of fun and healthy exercise created to raise awareness about substance use disorder in our communities, and help raise money to end it.

To register or if you would like further information, please call Marsha Radulov at (718) 847-9233 ext. 2310

If someone you know needs help with a drug or alcohol problem, please call Outreach Project at (718) 847-9233

To learn more about Outreach, please visit our website at www.opiny.org



10th Annual • 5K Walk

Saturday, September 13, 2025 Jones Beach - Field 1 - Free Parking Registration begins at 9:00 AM • Walk Starts Promptly at 10:00 AM

Name	· · · · · · · · · · · · · · · · · · ·	
City	State	Zip
Email	T	Telephone
Sorry, I cannot attend. Please Total Amount: \$ Method of payment: Check enclosed, payable to Online - visit our event page Charge my credit card:	Outreach at https://opiny.org/donate/brower-walk/, AMEX VISA MC 1	DISC
Account #		Exp Date
Signature		

Return to: Outreach

11711 Myrtle Ave Richmond Hill, NY 11418 Attn: Development

Fax: (718) 849-1093

Important:

Please go to Jones Beach Field 1 for Free Parking. Tell the attendant you are with the Walk. Registration begins at 9:00 AM. If you are signing up the day of the Walk please have all your paperwork ready, including the Waiver and Photo/Video Release. The Walk starts promptly at 10 AM.





Date:

10th Annual • 5K Walk

Walk Saturday, September 13, 2025

Jones Beach - Field 1 - Free Parking

Registration begins at 9:00 AM • Walk Starts Promptly at 10:00 AM

5K Details

- 1. Registration Fee \$25
- 2. All participants must complete and sign documented waivers and photo release
- 3. Children under the age of 18 must be accompanied by an adult

(Signature of parent or guardian if participant is under 18 years of age)

Waiver of Claim for Personal Injury

I hereby waive all claims against Outreach Project, Inc. (Outreach) and Event Sponsors and personnel, for any bodily injury or property dan event. Print Name/Names:	nage I might suffer or cause during this
Signature:	
Name: (Signature of parent or guardian if participant is under 18 years of age)	Date:
Photo & Video Release	
I hereby authorize Outreach Project, Inc. (Outreach) and the John Brow as a representative of Outreach Project, Inc. (Outreach) or the John Brow or any photographs or videos of me at the event, to promote or advertise the John Brower, Jr. Foundation event.	wer, Jr. Foundation to use my name and/
Print Names:	
Signature:	Date: