

# Registration Entry Form

First Name \_\_\_\_\_

Last \_\_\_\_\_

Please Print

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Female

Male

Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Emergency Contact Name & Number \_\_\_\_\_

Age Group

12 & younger  13-18  19-29  30-39

40-49  50-59  60-69  70+

T-Shirts guaranteed to first 75 registered .

Please choose size  Youth  S  M  L  XL  2XL

## EVENT FEES

Day of race \$30.

15 -99 years old \$25.

7-14 \$10.

6 and Under FREE

## METHOD OF PAYMENT

Cash

Check

Payable/Delanco Women's Civic Club

Mail or drop off to:

**Delanco 5K, 222 Edgewood Ave., Delanco, NJ 08075**

**WAIVER:** In consideration of your accepting this entry, the undersigned, individual, and as the Parent and/or Guardian of \_\_\_\_\_

(name of minor child), and for or the said minor, agrees to waive and release any and all rights and claims for damages that I, or the said minor, may have against the Township of Delanco, its employees, and any and all sponsors, and their representatives, successors and assigns, the race committee and director, volunteers, Delanco Women's Civic Club, all other organizations directly or in directly associated with this race, or anyone else associated any way with the race, for any and all injuries suffered by the minor in said event. I verify that the minor is physically fit and has sufficiently trained for completion of this event and the minor's physical condition has been verified by a licensed medical doctor.

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages that I, may have against the Township of Delanco, its employees, and any and all sponsors, and their representatives, successors and assigns, the race committee and director, volunteers, Delanco Women's Civic Club, all other organizations directly or indirectly associated with this race, or anyone else associated any way with the race, for any and all injuries suffered by me in said event. I verify that I am physically fit and has sufficiently trained for completion of this event and my physical condition has been verified by a licensed medical doctor.

By signing I attest that I have read and understand this waiver:

Date \_\_\_\_\_

Signature (Parent/Guardian if Participant is under 18 years old) \_\_\_\_\_