

ENTRY FORM

CHECK NUMBER [] [] [] [] [] [] [] [] [] []

Help us save money by registering online at www.komennorthjersey.org/race.

Or complete, sign, and mail this entry form. Please print clearly. One form per person.

Registration form fields: FIRST NAME, LAST NAME, TEAM NAME, ADDRESS, CITY, STATE, ZIP, DATE OF BIRTH, PHONE, GENDER, EMAIL, SHIRT SIZE.

I would like to be recognized as a breast cancer survivor by receiving a complimentary pink cap and t-shirt.

- \$35 RUNNERS: Timed 5k
\$30 WALKERS: 5k / 1 Mile FUN Walk
\$20 Teens for the Cure (ages 11-17)
\$15 Kids for the Cure (ages 10 & under)
\$40 Sleep in for the Cure
\$100 Doctors for the Cure

- Would you like to make an additional gift along with your registration fee?
\$36 Memorial Gift
\$69 Impact Gift
\$98 Survival Gift
\$5 Help Offset Our Shipping Costs

Additional Gift (other amount)
\$0 No Additional Gift

Additional Options
Garden of Hope: \$30.00
Personalized Bib: \$10.00

TOTAL AMOUNT ENCLOSED
Make check payable to: Komen North Jersey Race for the Cure
Payment options: Visa, Mastercard, Discover, American Express
Name on Card, Signature, EXP DATE

RACE WAIVER AND RELEASE

(Participant must sign in order to be eligible to participate in Race.)
PHOTOGRAPHIC RELEASE: I give my full consent and permission to Susan G.Komen for the Cure, its local affiliates and races...

WAIVER AND RELEASE OF CLAIMS: I understand that my consent to these provisions is given in consideration for being permitted to participate in this Event. I further understand that I may be removed from this competition if I do not follow all the rules of this Event.

I KNOW THAT THIS EVENT IS A POTENTIALLY HAZARDOUS ACTIVITY AND I HEREBY VOLUNTARILY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR, AND THE RISK OF, ANY INJURY OR ACCIDENT THAT MAY OCCUR DURING MY PARTICIPATION IN THIS EVENT OR WHILE ON THE PREMISES OF THIS EVENT...

This Photographic Release and Waiver and Release of Claims (collectively, the "Release") shall be construed under the laws of the state in which the Event is held.

I understand that I have given up substantial rights by signing this Release, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me and intend my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.

SIGNATURE
(Parent's or Guardian's Signature if under age 18)

DATE

MAIL ENTRY FORM WITH CHECK, IF APPLICABLE, PAYABLE TO:
KOMEN NORTH JERSEY RACE FOR THE CURE@
785 SPRINGFIELD AVENUE
SUMMIT, NJ 07901

Please do not mail cash. Registration fee is not tax-deductible and is non-refundable. Note: Registration fees only cover race administration costs.

QUESTIONS REGARDING REGISTRATION, PLEASE CALL
908-277-2904 X14

Race Course Certification Number NJ10533JHP

HAVE YOU . . .
Completed and Signed your Entry Form?
Checked your Shirt Size?
Enclosed your Entry Fee?