



# GROUP REGISTRATION FORM

(minimum of 10 people)

Please fill out application & mail w/check to address below:

Name of Team: \_\_\_\_\_ Team Leader: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

How many team members will be participating in the:  
5k Run\_\_\_\_ 2 Mile Walk\_\_\_\_ Mad Dash\_\_\_\_

Shirt sizes for team members (runners & walkers only)  
Shirt Size: M\_\_\_\_ L\_\_\_\_ XL\_\_\_\_ XXL\_\_\_\_

### List members of team:

Name _____	Address _____
Name _____	Address _____
Name _____	Address _____
Name _____	Address _____
Name _____	Address _____
Name _____	Address _____
Name _____	Address _____

*please attach an additional sheet if needed with names of members.*

### Waiver / Release

In consideration of being accepted in the Family Fun Walk/Run, I for myself my heirs, my executors, administrators and assigns do hereby expressly release and discharge the Hunterdon Medical Center, Hunterdon Health and Wellness Center, Radom & Wetter, the organizers, directors, sponsors, volunteers, its officers, agents, servants and employees from any and all claims, demands and actions or judgments of any kind arising, in whole or in part, out of participation in this event. I also give my permission for the use of my name and/or picture in any newspaper, broadcast, telecast or other account of this event.

Team Leader Signature (represents all team members): \_\_\_\_\_ Date: \_\_\_\_\_

**Make check payable to:** Hunterdon Medical Center Foundation

(memo line: Fun Walk/Run) Tax deductible - additional donations warmly appreciated

\$10 Pre-registration / \$15 on Race Day

### Send to:

Family Fun Walk\Run  
c/o Hunterdon Health and Wellness Center  
537 Rt 22 East Whitehouse Station, NJ 08889

Further Questions: (908) 534-7600 or (908) 707-1500

***We encourage  
you to wear your  
company t-shirts.***