



SINGLE REGISTRATION FORM

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

Name: _____

Address: _____

City: _____ State _____ Zip Code: _____

Phone: (Day) _____ (Night) _____

Sex: M _____ F _____ Date of Birth: _____ Age on Race Day: _____

5k Run _____ 2 Mile Walk _____ Mad Dash _____ Shirt Size: M _____ L _____ XL _____ XXL _____

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.

Signature: _____ Date: _____

Parent Signature if athlete is under 18 yrs: _____ Date: _____

Make check payable to:

Hunterdon Medical Center Foundation

(memo line: Fun Walk/Run)

Tax deductible - additional donations warmly appreciated

\$15 Pre-registration / \$20 on Race Day

Send to:

Family Fun Walk\Run

c/o Hunterdon Health and Wellness Center

537 Rt 22 East

Whitehouse Station, NJ 08889

USATF CERTIFIED COURSE

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