



Presented by
Munich RE

Same Day Registration Form

**A Signed Waiver and Release, on the back of this form, is required for each participant.
Fees are per participant.**

Group teams - please submit all team member's individual registration forms at one time.

Name _____

Team (If applicable) _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

Date of Birth _____ Gender M F

For Award Eligibility: Age on Race Day _____

If applicable, 2017 USATF-NJ # _____

RACE DAY REGISTRATION FEES:

- | | |
|--|---|
| <input type="checkbox"/> 5K Adult - \$30 | <input type="checkbox"/> 5K Ages 5-17 - \$25 |
| <input type="checkbox"/> Fun Run/Walk - \$25 | <input type="checkbox"/> USATF Member 5K - \$27 |

I wish to make a 100% tax deductible donation of \$ _____

Cash, credit card, and check payments may be made on event day.
If paying by check, please make payable to "Eden Autism"

WAIVER ON BACK MUST BE SIGNED



WAIVER AND RELEASE *(Must be signed to participate)*

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event and in good physical condition. I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in this event or while on the premises of this event and I hereby release and hold harmless Eden Autism Services, Eden Autism Services Foundation, Munich RE, Linque Management Company, Inc., IVC PFV, LLC, Princeton Forrestal Village, LLC, Princeton Forrestal Center, Trustees of Princeton University, Plainsboro Township, South Brunswick Township, USATF and local USATF Association, corporate sponsors, and all other persons or entities associated with this event (including their employees or affiliates) from any claims I may have arising out of participation in this event, including personal injury or damage suffered by me or others, whether same be caused by negligence of any of the said parties' agents or employees, or otherwise. If I do not follow all the rules of this event I understand that I may be removed from the competition. I give my full permission to any of the said parties to use any photographs, videotapes or other recordings of me that are made during the course of this event.

Participant's Signature (If Participant is under age 18, Parent/Guardian's signature)

Date