

**2nd Annual
Smokin' Hot 5K Run/Walk
for Delran Fire Company #2
Saturday, September 10, 2011**



RACE APPLICATION

Name _____

Gender M / F

Age _____ DOB _____

Address _____

Phone _____

Are you a member of Emergency Services? Y/N

If yes, what is your Fire/EMS/Police Affiliation _____

*If you would like your race results sent to you in a text,
please write your carrier & phone number:*

Where did you hear about this race? _____

Additional Donation to Delran Fire Company #2 \$ _____

MAKE CHECKS PAYABLE TO: Delran Fire Company #2

You Can DELIVER or MAIL TO Delran Fire Company #2, Station 232, 1020 Chester Avenue, Delran, NJ 0075

For more Information contact Amy Briggs at 609-516-7957; amybriggs23@comcast.net

WAIVER / RELEASE OF LIABILITY:

I know that running a road race is potentially hazardous activity which could cause injury. I should not enter and run unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and am properly trained. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Delran Fire Company, the town of Delran and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my name, photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Participant (Please Print)

Signature

Date

Parent or Guardian (Please Print) Signature Relationship
Parent or Guardian Must Sign for Participants Under 18 Years of Age

Date