

# SUSAN ZABRANSKY HUGHES MEMORIAL 5K RUN/WALK

## MAIL IN ENTRY FORM:

(PLEASE USE SEPARATE ENTRY FORM & WAIVER FOR EACH PARTICIPANT)

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE ON RACE DAY: \_\_\_\_\_ M  F

EMAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

TEAM NAME (Optional): \_\_\_\_\_

T-SHIRT SIZE: \*\* sizes & availability not guaranteed after April 7<sup>th</sup>

YOUTH: YL  UNISEX: S  M  L  XL  XXL

### Remembrance Path

Make a donation of **\$100** to honor or remember someone special. Each name will appear on a laminated placard along the Remembrance Path on Race day. **Honor**  or **Remember**

Name of person: \_\_\_\_\_ How you'd like your name to appear: \_\_\_\_\_

\*\* For general donations, please use the donation option below.

## WAIVER

**WAIVER ON REVERSE SIDE MUST BE SIGNED & RETURNED FOR EACH PARTICIPANT.  
FOR PARTICIPANTS UNDER 18, WAIVER MUST BE SIGNED & RETURNED BY PARENT/GAURDIAN.**

Enclosed is a check in the amount of \$\_\_\_\_\_

Please charge my credit card in the amount of \$\_\_\_\_\_  
(Please note: a \$25 minimum contribution is required when you use your credit card)

AMEX  Visa  MasterCard  Discover

Card number: \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

Make checks payable to:  
HackensackUMC Foundation  
160 Essex Street, Suite 101, Lodi, NJ 07644

SE/T9026-18/18SZH5K/\_\_\_\_\_

Race Registration: \$\_\_\_\_\_

USATF Member Discount (-\$3.00) \$\_\_\_\_\_

USATF Member ID #: \_\_\_\_\_

Remembrance Path \$100: \$\_\_\_\_\_

General Donation: \$\_\_\_\_\_

Total amount enclosed: \$\_\_\_\_\_

7TH ANNUAL SUSAN ZABRANSKY HUGHES MEMORIAL 5K RUN/WALK  
REGISTRATION WAIVER

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

DESCRIPTION AND LOCATION OF EVENT:

7TH ANNUAL SUSAN ZABRANSKY HUGHES MEMORIAL 5K RUN /WALK

SADDLE RIVER, NJ

DATE OF EVENT: April 28, 2018

As a participant in the Susan Zabransky Hughes Memorial 5k Run/Walk on April 28, 2018 and/or any other area where any of the activities shall take place or being permitted to compete, officiate, observe, work for, or for any purpose participate in any way in the event, EACH OF THE UNDERSIGNED, for himself/herself, his/her personal representatives, heirs, and next of kin, acknowledges, agrees and represents that he/she:

1. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the promoter, Hackensack University Medical Center, Hackensack University Medical Center Foundation, participants, association, sanctioning organization or any subdivision thereof, grounds operator, grounds owner, officials, any persons in any restricted areas, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the event and each of them, their officers and employees, all for the purposes herein referred to as "releasees", from all liability to the undersigned, his personal representatives, assigns heirs, and next of kin for any and all loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by negligence of the "releasees" or otherwise while the undersigned is in or upon the restricted area, and/or, competing, officiating in, observing, working for, or for any purpose participating in the event;

2. HEREBY AGREES TO INDEMNIFY AND SAVE HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in or upon the restricted area or in any way competing, officiating, or working for, or for any purpose participating in the event and whether caused by negligence of the releasees or otherwise.

3. HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of releasees or otherwise while in or upon the restricted area and/or while competing, officiating, observing, or working for or any purpose participating in the event.

4. HEREBY EXPRESSLY AGREES to allow the Hackensack University Medical Center and the Hackensack University Medical Center Foundation to utilize my name, as well as any photographs or videotape of my participation in this event in connection with any advertisement of this event or future events, or any legitimate purpose in all medias without limitation, including electronic publishing, without payment of any compensation or remuneration.

5. EACH OF THE UNDERSIGNED expressly acknowledges and agrees that the activities of the event involve some element of risk to persons and/or property. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_