



When: Saturday, April 27, 2013 @ 8:30 a.m.
Rain or Shine

Start Line Up: Zion Evangelical Lutheran Church
96 East Allendale Road, Saddle River NJ

Parking: Wandell Elementary School & Rindlaub Park
(behind Saddle River Borough Hall) and Alford Drive

Race Facts: USATF Certified 5k course
Chip timing by CompuScore
One loop through scenic Saddle River & into Upper Saddle River on paved surface
Walkers & strollers welcome

Awards: \$100 Cash Prize for top overall male and female finishers
Medals for top 3 overall and top 3 finishers in age group
Medals for first male and female Saddle River resident
Chocolate medals for children

Registration: Registration limited to first 1200 participants
Pre-registration fee \$25 if received by Thursday April 25th 11:59 EST
Race day & on-site registration fee \$30
April 26th during packet pickup at Zion Evangelical Lutheran Church
Race day April 27th from 7:00 - 8:00am at Zion Evangelical Lutheran Church
96 East Allendale Road, Saddle River
Register by April 4th to guarantee performance T-Shirt

Race packet pick up: Friday, April 26th @ Zion Evangelical Lutheran Church
96 East Allendale Road, Saddle River
from 3:00-5:00 p.m. & 7:00- 9:00 p.m.

Finish & Post race activities: Zion Evangelical Lutheran Church

Map: See below

SUSAN ZABRANSKY HUGHES MEMORIAL RUN

MAIL IN ENTRY FORM:

(PLEASE USE A 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: _____

Telephone #: _____ Cell Phone #: _____

Signature: _____ Date: _____

Emergency Contact Name: _____

Emergency Contact #: _____

T-Shirt Size: Adult: XXS XS S M L XL

Remembrance Path

Make a donation of \$100 to honor or remember someone special with their name on a laminated placard along our Remembrance Path on race day.

\$100 in honor of: _____

Donors name should appear as: _____

WAIVER RELEASE:

WAIVER MUST BE SIGNED AND RETURNED FOR EACH PARTICIPANT

**FOR PARTICIPANTS UNDER 18, WAIVER MUST BE SIGNED
AND RETURNED BY PARENT OR GUARDIAN**

Please charge my VISA MasterCard Amex Discover
in the amount of \$ _____

(Please note: a \$25.00 minimum contribution is required
when you use your credit card)

Card Number _____

Exp. Date / / Phone _____

Name _____

(as it appears on card)

Signature _____

Race registration \$ 25.00

Remembrance Path \$ _____

I want to make an additional
donation to Susan's Suite \$ _____

Total Amount enclosed \$ _____

Make check payable to: HackensackUMC Foundation

Mail to:

Friends of HackensackUMC
360 Essex Street, Ste. 301
Hackensack, NJ 07601

2ND ANNUAL SUSAN ZABRANSKY HUGHES
MEMORIAL 5K RUN/WALK FOR SUSAN'S SUITE AT
HACKENSACK UNIVERSITY MEDICAL CENTER



REGISTRATION

Name _____ Phone Number _____

Address _____

City, State, Zip _____

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

DESCRIPTION AND LOCATION OF EVENT:
2ND ANNUAL SUSAN ZABRANSKY HUGHES MEMORIAL 5K RUN /WALK
SADDLE RIVER, NJ
DATE OF EVENT: APRIL 27, 2013

As a participant in the Susan Zabransky Hughes Memorial 5k Run/Walk on April 27, 2013 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 _____

Saddle River 5K 2013
Saddle River, NJ 07458

NJ13506JHP
Effective 1/1/2013 to 12/31/2023



ALL DIRECTIONS ARE GIVEN RELATIVE TO THE RUNNING DIRECTION.

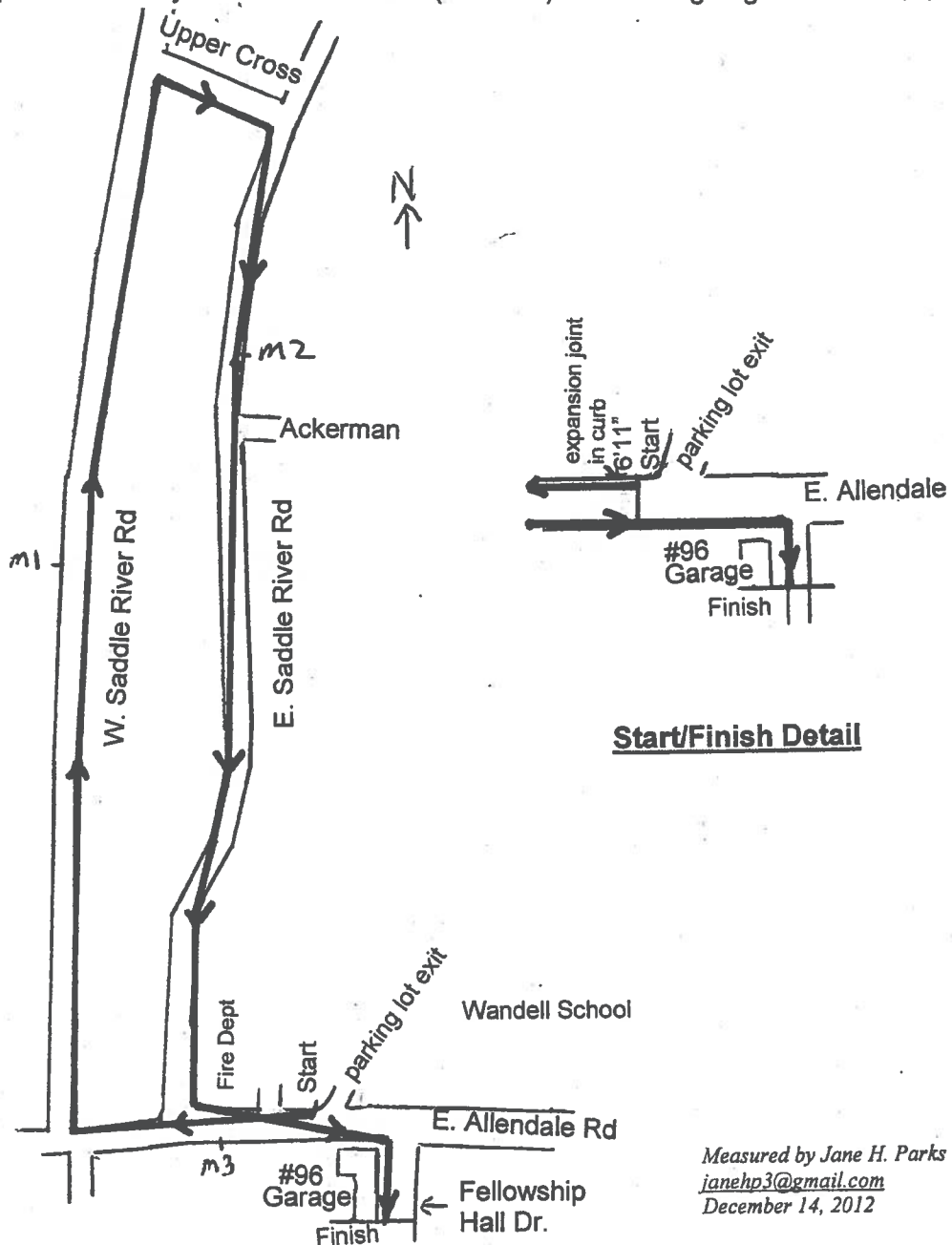
Start: On E. Allendale Rd., 6 feet 11 inches east of the expansion joint in the curb at the west side of the parking lot exit for Wandell Elementary School onto E. Allendale.

Mile 1: On W. Saddle River Rd., 24 feet 5 inches after utility pole 56376 37998 on the right and just before the driveway to #211 on the left.

Mile 2: On E. Saddle River Rd., before Ackerman Rd., 35 feet 10 inches after the storm grate in front of #258 on the left.

Mile 3: On E. Allendale Rd., at the second set of windows to the Saddle River Fire Headquarters on the left and 48 feet 4 inches after utility pole 56468 37589 on the right.

Finish: In Fellowship Hall Driveway in line with the back (southern) end of the garage to #96 on the right (west side).



Measured by Jane H. Parks
janehp3@gmail.com
December 14, 2012