



# “Zombie 5K Run”



**1 Mile Costume Fun Run/Walk**  
**Presented by the Rotary Club of Bergenfield-Dumont**  
**And the Bergenfield PBA/Local 309**  
**Course is USATF Certified**  
**Sunday – October 26, 2014**  
**Location: Bergenfield HS**  
**80 S Prospect Ave, Bergenfield, NJ 07621**

Pre-registration = \$25.00 (USATF members \$20.00)

Registration Opens: 7:00

Race Day & Late Registration for all = \$30.00

5K Race begins: 9:00

Fun Run/Walk = \$10.00

1 Mile Fun Run/Walk: 10:00

Race Day & Late Registration = \$15.00

**Pre-registration deadline October 1, 2014**

Awards given to Top 3 Male/Female Runners ages 12-70+

**ONLY ONE RUNNER/WALKER PER FORM PLEASE**

**BIB#** \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Shirt Size: (circle one) Adult XL Adult L Adult M Adult S Youth L

\*Pre-registered runners guaranteed a shirt. Race day registrants receive shirts while supplies last.

Age on Race Day \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender M F (circle one)

2014 USATF-NJ# \_\_\_\_\_

**Payment Enclosed: Cash \_\_\_\_\_ Check # \_\_\_\_\_**

**Fun Run Registration \_\_\_\_\_ Make checks payable to: “Bergenfield PBA/Local 309”**

In Consideration of your acceptance in the Zombie 5K Run or 1 Mile Run Run/Walk, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administration, waive and release any and all rights and claims for damages, and hold harmless, any sponsoring organization, Bergenfield High School, The Rotary Club of Bergenfield-Dumont, Bergenfield PBA Local 309, [www.bestrace.com](http://www.bestrace.com), the town of Bergenfield, their officers and representatives, and co-sponsors, their representatives, successors, agents, servants or employees, and assignees for any and all injuries suffered by me in said run. I recognize that I must be in good health and of sufficient training and experience in order to participate, and state furthermore, that my ability to participate in and successfully compete in this event has been attested to by a qualified physician or certified fitness consultant. I hereby grant permission to the 5K Zombie Run to use photos that may include myself for promotion and publicity; and understand that if the Run cannot be held due to an act of God or circumstances beyond control, the organizer is not liable to refund any money paid by me to participate. With my signature, I acknowledge that I have read and accept these terms under which my entry is made.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Parent or Guardian if under 18)*

**Online Registration available at [www.bestrace.com](http://www.bestrace.com)**

**Mail Applications to: Rotary Club of Bergenfield-Dumont, PO Box 615, Bergenfield, NJ 07621**