CUPID'S CHASE 5K

Run with your heart this Valentine's Day

Saturday, February 14, 2015

Registration 8:00 AM – Run 10:00 AM

Buccleuch Park

321 Easton Avenue
New Brunswick, NJ 08901

Registration fee to run: $30 per person ($50 per person day of the run)   USATF Members $2 discount (Please include your USATF #)

Racer 2 $30 per person ($50 per person day of the run)

First Name: _____   Last Name: _____

Address: _____

City: _____   State: _____   Zip: _____

Phone:(_____)_____   Email: _____

Gender: ☐ Male ☐ Female   Birth Date: _____ - _____ - _____   Age on Day of Race _____

Preferred Shirt Size: ☐ S ☐ M ☐ L ☐ XL   USATF # _____

Single - Looking for love, choose _____ Available/Red. In a relationship - choose _____Unavailable/ White

WAIVER/RELEASE: In consideration of this entry and being allowed to participate in this event, I hereby assume all risks and for myself, heirs, executors and administrators, I further waive and release all claims and causes of action that I may have against Community Options, Inc., Community Options Enterprises, Inc., The Race Timing/Management Company and their respective officers, directors, volunteers, employees , sponsors, agents and any other party involved in Cupid's Chase 5K Run/Walk for any personal injuries, death and/or property loss I may suffer or in any way arising out of my participation in this event. I hereby certify that I am physically able to safely participate in the event and grant full permission to Community Options, Inc. to use and publish my name and image as a participant in photographs, video or other recordings connected with this event. All registration fees are non-refundable.

New Brunswick

Signature _____   Date _____   Race Location

IMPORTANT! If the participant is under 18 years of age, the parent or guardian must sign here on behalf of the minor participant agreeing to the WAIVER/RELEASE language above and all the terms and conditions of the minor's participation in the event.

Signature (Parent/guardian if participant is under 18 years of age) _____   Date

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Racer 1 $30 per person ($50 per person day of the run)

First Name: _____   Last Name: _____

Address: _____

City: _____   State: _____   Zip: _____

Phone:(_____)_____   Email: _____

Gender: ☐ Male ☐ Female   Birth Date: _____ - _____ - _____   Age on Day of Race _____

Preferred Shirt Size: ☐ S ☐ M ☐ L ☐ XL   USATF # _____

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