



North Brunswick Community Park

Saturday September 16, 2017

-rain or shine-

2053 US Highway 130, North Brunswick, NJ

USATF Certified Course #NJ15521JHP

Timing by BEST Racing Systems

Proceeds to benefit Karma Cat + Zen Dog Rescue Society

Registration Begins: 7:30 AM

Race Start: 9:00 AM

Results/Refreshments: 9:45 AM

Awards: 10:00 AM

5K Fee: \$25

T-Shirt & Goodie Bag for pre-registered* runners

Prizes for 1st Place Male/Female Finishers

& Top Fund Raisers

Register online at: <https://runsignup.com/Race/NJ/NorthBrunswick/FetchPounce5K>

or complete the form below and mail with your registration fee to:

Karma Cat + Zen Dog Rescue Society

P.O. Box 242

East Brunswick, NJ 08816

For more information: Rebecca@KarmaCatZenDog.org / 732.568.4694

*Runners registered by August 16, 2017 will receive a race t-shirt & goodie bag

Last _____ First _____

Date of Birth: _____ Age on Race Day: _____

Gender: M / F Email: _____

Address: _____

City, State, Zip _____

Day of Race mobile phone: (____) _____

Emergency Contact (day of race) _____

T-shirt ☐ Adult Small ☐ Adult Medium ☐ Adult Large ☐ Adult XL ☐ Adult XXL

RELEASE OF LIABILITY: In consideration of KCZD accepting my (child's) registration for the above mentioned race, I forever release, hold harmless and discharge KCZD, their officers, trustees, employees, agents, and approved affiliates, from and against any and all liabilities, claims for bodily injury and/or property damage, losses, damages, costs and/or expenses and I further waive any such claims against any person and/or organization arising directly or indirectly from or attributable to any action or failure to act of any such person or organization in connection with this race and I further agree to indemnify and hold harmless KCZD and their affiliated personnel from any liabilities, claims, losses, damages, costs or expenses.

If under 18, parental consent: I hereby give my child permission to participate in any and all activities involved with the race listed above. A contact can be reached at the cellphone number referred to above, but if emergency medical care or treatment is necessary and if I cannot be contacted, I hereby authorize the race director and/or his/her designee to act on my behalf and approve appropriate treatment.

Signature of Racer / Date

Signature of Runner Parent (if racer is less than 18) / Date