



Thanks to our platinum sponsor:



2013 Spring Stampede 5K/Fun Run Registration May 11th, 2013

Please return with payment by Friday, May 3, 2013 for early registration. Return by Friday, April 26, 2013, to guarantee your t-shirt selection. For registration forms received after April 26, t-shirts will be available while supplies last.

PERSONAL INFO

**** Please use a separate form for each participant. ****

Name: _____ Gender: M F Age on race day: _____

Address: _____
Street City State Zip

Phone: _____ Email: _____

____ I am a Chester K-8 student. Grade: _____ Teacher Name: _____

EVENT INFO

Please select event and t-shirt size. You may register for both the 5K and Fun Run, but please **select only one t-shirt per participant.**

____ **5K registration** - \$20 (\$25 after 5/3) **5K t-shirt size:** (Youth) L
(Adult) S M L XL

____ **Fun Run registration** - \$10 (\$15 after 5/3) **Fun Run t-shirt size:** (Youth) S M L
(Adult) S M L XL

Payment Enclosed: _____

All payments are non-refundable.

Mail completed form, signed waiver,
and your check made payable to:

Educational Foundation of the Chesters
P.O. Box 422
Chester, NJ 07930

Early check-in/pickup - Friday, May 10th, 10am-8pm at **Shoe & Sneaker Barn**, Chester Springs Shopping Mall, Rt. 206, Chester.

Race Day check-in begins at 7:30 am on May 11th.

In consideration of the acceptance of my application for this event, I agree to assume all risks associated with any and all activities of the Educational Foundation of the Chesters, Inc. Spring Stampede 5K Run/Walk. I, my heirs, executor, successor and assigns do hereby release the Educational Foundation of the Chesters, Inc., the USATF, the Chester School District and the Chester Board of Education, the Borough of Chester, NJ, the Township of Chester, NJ, the County of Morris, NJ, all race volunteers, organizers, sponsors, their representatives, employees and successors from any claims, responsibilities and liabilities of any kind by me or my estate, heirs or assigns, for injury or damage which may occur from my participating in this event. I know that running a road race is a potentially hazardous activity and I agree not to participate in the race unless I am medically able and properly trained. I consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during this event. I acknowledge that I have read this release in full and have a full understanding of its contents, and I acknowledge by my signature below that I am legally bound by the provisions contained herein. I also understand that in the event this race cannot be held as scheduled due to an act of God or circumstances beyond control, the Educational Foundation of the Chesters, Inc. is not liable to refund any money paid by me to participate. I understand that dogs, roller blades, and skateboards are prohibited. Further, I grant to all the foregoing the right to use any photographs, motion pictures, recordings, or any other record of this event.

X _____
Signature (Parent or Guardian Signature if under 18) Print Name Date

Questions? Contact us at info@educationalfoundationofthechesters.org