



Registration Form

To guarantee your shirt, please return by **April 14, 2016**; otherwise, while supplies last.

Early registration ends **May 4, 2016**.

* One form per participant please *

Thanks to our platinum sponsor:



Sat., May 7, 2016

ENTRY FEES (please check)

5K

\$25 (\$30 after 5/4)

Tech shirt size (circle one):

Youth: M L

Unisex: S M L XL XXL

Ladies (before 4/14 only): S M L

Fun Run

\$15 under 15 years

\$20 15 years & over

T-shirt size (circle one):

Youth: S M L

Adult: S M L XL XXL

Additional Shirt (before 4/14 only)

\$20 - 5K Tech Shirt

\$12 - Fun Run T-Shirt Only

Shirt size (circle): YS (Fun Run Only)

YM YL AS AM AL AXL AXXL

Total Amount Enclosed: \$ _____

Please make checks payable to:

Ed. Foundation of the Chesters

ATTN: Spring Stampede

P.O. Box 422

Chester, NJ 07930

More info or to register online visit:

www.chesteredf.org

Questions?

Email springstampede@chesteredf.org

Name: _____

Address: _____
Street

City State Zip

Phone: _____

Email: _____

I am a Chester K-8 student.

Grade: ____ Teacher: _____

For 5K Only: Gender: M F Age on race day: _____

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, hoverboards, and skateboards are prohibited. Due to liability reasons and that portions of the race course are open to vehicular traffic, it is recommended that 5K race participants under the age of 12 be accompanied by an adult over 18 years old throughout the entire race course. Further, I grant to all the foregoing the right to use any photographs, motion pictures, recordings, or any other record of this event.

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

EARLY CHECK- IN/PICKUP:

Fri., May 6, 10am-8pm
Shoe & Sneaker Barn
Chester Springs Shopping Mall
Rt. 206, Chester

RACE DAY SCHEDULE:

7:00am Check-in & Registration
7:45am 5K Registration Closes
8:00am 5K EVENT
8:45am Fun Run Registration Closes
9:00am FUN RUN EVENT
9:30am Awards Ceremony