

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

Run with your heart this Valentine's Day

## Saturday, February 8, 2014

Registration 8:00 AM - Run 10:00 AM

## **Buccleuch Park**

321 Easton Avenue New Brunswick, NJ 08901 Hosted by:



Supporting People with Disabilities since 1989

Make checks payable to: Community Options, Inc.

Mail checks to: 2230 Camplain Rd. Hillsborough, New Jersey 08844 comop.org/cupidschase





Registration fee to run: \$30 per person (\$50 per person day of the run) USATF Members \$2 discount (Please include your USATF #) \$30 per person (\$50 per person day of the run) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Address: \_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_ City:\_ Phone:(\_\_\_\_\_\_\_ Email: \_\_\_\_\_ Gender: 

Male Female Birth Date: \_\_\_\_\_ - \_\_\_\_ Age on Day of Race \_\_\_\_\_ USATF# Preferred Shirt Size:  $\square S \square M \square L \square XL$ 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** 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 \$30 per person (\$50 per person day of the run) Racer 1 First Name: Last Name: Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone:( ) Birth Date: \_\_\_\_\_ - \_\_\_\_ Age on Day of Race \_\_\_\_ Gender: ☐ Male □ Female Preferred Shirt Size:  $\square$  S  $\square$  M  $\square$  L  $\square$  XL USATF # 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** 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.

Date