



Registration Form

To guarantee your shirt selection, please return by **April 21st, 2014**; otherwise, while supplies last.

Early registration ends **May 2nd, 2014**.

** One form per participant please **

Thanks to our
platinum sponsors



Sat., May 10th, 2014

ENTRY FEES (please check)

5K

\$25 (\$30 after 5/2)

Tech shirt size (circle):

YM YL AS AM AL AXL AXXL

Fun Run

\$12 under 15 years (\$15 after 5/2)

\$15 15 years & over (\$20 after 5/2)

T-shirt size (circle):

YS YM YL AS AM AL AXL AXXL

I cannot participate, but here
is my donation of \$ _____.

Race Entry Fee: \$ _____

Tax Deductible Donation: \$ _____

Total Amount Enclosed: \$ _____

Please make checks payable to:

Ed. Foundation of the Chesters
ATTN: Spring Stampede
P.O. Box 422
Chester, NJ 07930

Questions?

Email chesteredf@gmail.com

More info or to register online visit:
www.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: _____

USATF # (optional) : _____

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 if under 18) Date

EARLY CHECK- IN/PICKUP:

Fri., May 9, 10am-8pm
Shoe & Sneaker Barn
Chester Springs Shopping Mall
Rt. 206, Chester

RACE DAY SCHEDULE:

7:30am Check-in & Registration
8:30am FUN RUN EVENT
8:45am Registration Closes
9:15am 5K EVENT
10:30am Awards Ceremony