Sunday, May 4, 2003
Spruce Run Recreation Area
Clinton, NJ

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2003 SPRINT FOR SPINA BIFIDA REGISTRATION FORM

Application must be complete. Only one participant per entry form (form may be copied).

FIRST NAME: |__|__|__|__|__|__|__|__|__|__|__|__| LAST NAME: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

ADDRESS: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

CITY: |__|__|__|__|__|__|__|__|__|__|__|__| STATE: |__|__| ZIP: |__|__|__|__|__| - |__|__|__|__|

AGE: |__|__| BIRTH DATE: |__|__| / |__|__| / |__|__|__|__| SEX: |__| M |__| F

T-SHIRT SIZE: |__|__| PHONE NUMBER: |__|__|__| - |__|__|__| - |__|__|__|__|

EMAIL ADDRESS _____

(T-shirts are guaranteed for those who pre-register by April 17, 2003; for others while supplies last)

EVENT: 5K Race – Registration begins at 8:30 a.m. Race begins at 10 a.m.
|__| $20 Individual |__| $18 USATF-NJ Member |__| $18 NJRRC Member
|__| $50 Corporate Team of 3 (Please call for info on Corporate Challenge)
|__| $50 Family of 4
2-Mile Fitness Walk – Registration begins at 8:30 a.m. Walk begins at 10:30 a.m.
|__| $15 Individual
|__| $40 Family of 4 |__| $40 Corporate Team of 3
|__| Pledge Participant (Also, complete pledge form & turn in pledge monies– see reverse.)
50-Yard Fun Run – Registration begins at 8:30 a.m. Fun Run begins at 11 a.m.
|__| Free (children ages 5 – 10)

Please accept my tax-deductible contribution of $_____

TOTAL AMOUNT: $_____ 2003 USATF NUMBER:_____

CORPORATE TEAM NAME: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

How did you learn about the Sprint for Spina Bifida? _____

I hereby acknowledge and understand that participation in the Sprint for Spina Bifida is a potentially dangerous activity. I recognize that I should not enter and participate unless I am medically able and properly trained. I agree to abide by the decision of any event official relative to my ability to safely complete the course. I assume all risks associated with my participation in the event for which I am entering, including, but not limited to, falls; contact with other participants; effects of any adverse weather conditions, including but not limited to, heat, cold, ice, and humidity; traffic, and road conditions; all such risks being known and appreciated by me. Having read and fully understood this waiver, knowing these facts and in consideration of acceptance of this application, I, for myself and anyone entitled to act on my behalf waive and release the Spina Bifida Association of the Tri-State Region (SBATSR), Spruce Run Recreation Area, USA Track & Field, all sponsors, their representatives, agents, successors, and volunteers from all claims or liabilities of any kind arising from my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event or my likeness for any legitimate purpose.

_____ _____

(Participant Signature or Parent/Guardian Signature if entrant is under 18 years of age) Date

Please send check or money order to:
SBATSR, Attn: Sprint for Spina Bifida, 84 Park Avenue, Flemington, NJ 08822
908.782.7475 * Register online at http://www.sbatsr.org

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