



**2005
Cedar Grove
Health Fair & 5K**



Please complete the following form & mail to:

Attn: CGHF5K
194 Second Avenue
Cedar Grove, NJ 07009

First Name	
Last Name	
Address	
City	
State	<input type="checkbox"/> NJ <input type="checkbox"/> NY <input type="checkbox"/> CT <input type="checkbox"/> PA Other (please list)
Zip	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth & AGE on Race Day	
Phone #	() -
E-mail	
Emergency contact person	
Emergency contact #	() -
T-shirt size	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Extra Large

In consideration of acceptance of this application for the Cedar Grove Rotary 5K Run/Walk, I hereby for myself, heirs, executors & administrators waive and release any claims that I may have against the Cedar Grove Rotary, the town of Cedar Grove, its staff, officers, volunteers for any injuries that may be suffered due to my willing participation in this event. Further, I submit that I am physically able to participate in this event and grant the use of my likeness in any photographic record of this event.

Signature:

Date: