



Breast Cancer 5k Run/Walk

Saturday, September 30, 2017

**Cumberland County Technical Education Center (CCTEC)
3400 College Dr. Vineland, NJ 08360**

Entry Fees:

**Pre-Registration: \$25.00 Donation Per Person
\$5.00 (Children ages 12 & under)
Deadline: 9/15**

**Race Day Registration: \$30.00 Donation Per Person
\$5.00 (Children ages 12 & under)**

****There will be no refunds of registration fees****



Entry Form

- 5K Run
- 5K Walk
- Kids Run

Name: _____ Age: _____ Sex: F/M

Address: _____

City _____ State: _____ Zip Code: _____

Phone Number: (____) _____

Email: _____

Cancer Survivor

Emergency Contact:

Name: _____

Phone Number: (____) _____

Shirt Adult Size:

- S
- M
- L
- XL
- XXL
- XXXL

Total Amount enclosed _____

Make checks payable to:

PRAC of Southern NJ

Please complete form and sign

Include your entry fee and mail to:

PRAC OF SOUTHERN NJ

275 N DELSEA DR. SUITE

VINELAND NJ 08360

Participant assumption of Risk and Release

Please read and sign the following information: I UNDERSTAND MY ENTRY IS NOT REFUNDABLE. I accept responsibility for the accuracy of the provided information. In consideration of your acceptance of my entry, I , intending to be legally bound for myself, and anyone entitled to act in my behalf do hereby release and discharge PRAC, CCTEC, contributors, volunteers and organizers from any and all liability arising, illness, injury, and damages I may suffer as a result of my participation in the 5k run/walk. By registering and signing this waiver, I willingly agree to receive email information about other upcoming events. I further grant permission to all of the foregoing to use any photographs, motion pictures, recording, or any other record of this event for any legitimate purpose. I agree to pay the \$25 donation pre-registration fee or the \$30 donation race day registration fee. I've read the entry information provided and certify my compliance by my signature below. If participant is under 18 years old, I certify by my signature that the child has permission to participate, is in good physical condition and that officials may authorize emergency medical treatment in the event of an injury or illness.

Participant's signature

Date

Parent/Guardian Signature

Date