## **Application**

Application available online at: www.run4aaron.com

- Checks payable to: Aaron's Fund, Inc.
- Mail application to:

   Aaron Ploch Memorial Scholarship Fund
   c/o Ryan Ploch
   3001 E Chestnut Ave C29

   Vineland, NJ 08361
- Each participant must fill out separate application

Participants Name_				
Address				
City/State/Zip				
E-mail				
Phone				
□M □F	Age on	4/14	/18	
Event Entered:	□5K Ru	ın	□1Mi Run/	Walk
T-Shirt Size	□S	□M	пL	□XL
Entry Fee enclosed	:	_ Dona	ition:	
Total amount enclosed: Group Name if registering with a group:				

Releases: I, the undersigned acknowledge that a road race is a hazardous activity. I certify that I am medically able and have sufficiently trained for this event. I agree to abide by all decisions of the race as final. In consideration of the acceptance of my entry and intending to be legally bond, I do hereby for myself, and anyone entitled to act on my behalf, waive, release, and discharge The Aaron's Fund, Inc., its officers, the Ploch Family, the City of Vineland, St Padre Pio Parish, the Diocese of Camden, and all other sponsors and participants from any and all liabilities arising out of my participation in this event.

Signature of Adult or Parent if racer is under 18