

SUSAN ZABRANSKY HUGHES MEMORIAL RUN



When: Saturday, April 23, 2016 @ 8:30 a.m.

Rain or Shine

Start Line Up: Zion Evangelical Lutheran Church
96 East Allendale Road, Saddle River, NJ

Parking: Wandell Elementary School & Rindlaub Park
(behind Saddle River Borough Hall) and Alford Drive

Race Facts: USATF Certified & Sanctioned 5K course
NJ Grand Prix Event - 500 points
Chip timing by CompuScore
One loop through scenic Saddle River & into
Upper Saddle River on paved surface

Awards: \$100 Cash Prize for top overall male and female finishers
Medals for top 3 overall and top 3 finishers in age group
Age Groups male & female:
9 & under; 10-12; 13-15; 16-19; 20-29; 30-39; 40-49; 50-59; 60-69; 70-79; 80 & over
Medals for first male and female Saddle River resident
Chocolate medals for children

Registration: Pre-registration fee \$25 if received by Saturday, April 16th @ 11:59 p.m. EST
Discount of \$3.00 for all USATF NJ members
After April 16th registration fee \$30
April 22nd during packet pickup at Zion Evangelical Lutheran Church
Race day April 23rd from 7:00-8:00 am at Zion Evangelical Lutheran Church
96 East Allendale Road, Saddle River

Register by April 1st to guarantee T-Shirt

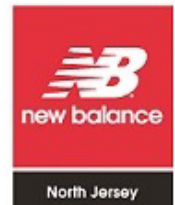
Race packet pick up: Friday, April 22nd @ Zion Evangelical Lutheran Church
96 East Allendale Road, Saddle River from 3:00-7:30 pm

Finish & Post race activities: Zion Evangelical Lutheran Church



USATF
NEW JERSEY

500 Point Event



North Jersey

**2016
Grand Prix**

SUSAN ZABRANSKY HUGHES MEMORIAL RUN

MAIL IN ENTRY FORM:

(PLEASE USE A SEPARATE ENTRY FORM & WAIVER FOR EACH PARTICIPANT)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age on Race Day: _____ M ☐ F ☐

Email Address: _____

Telephone #: _____

Signature: _____ Date: _____

Emergency Contact Name: _____

Contact #: _____

T-Shirt Size:

Sizes and availability not guaranteed after April 1st

Youth: L ☐ XL ☐

Unisex: S ☐ M ☐ L ☐ XL ☐ XXL ☐

Remembrance Path

Make a donation of \$100 to honor ☐ or remember ☐ someone special with their name on a laminated placard along our Remembrance Path on race day.

\$100 in honor/memory of: _____

Donors name should appear as: _____

WAIVER

WAIVER MUST BE SIGNED & RETURNED FOR EACH PARTICIPANT

FOR PARTICIPANTS UNDER 18, WAIVER MUST BE SIGNED AND RETURNED BY PARENT OR GUARDIAN

SEE PAGE 3 FOR WAIVER

Please charge my ☐ VISA ☐ MasterCard ☐ Amex ☐ Discover

in the amount of \$ _____

(Please note: a \$25.00 minimum contribution is required when you use your credit card)

Card Number _____

Exp. Date / / Phone _____

Name _____
(as it appears on card)

Signature _____

Race registration \$25.00 \$ _____
after April 16th add \$5.00

USATF NJ Member (-\$3.00) \$ _____

USATF NJ Member ID# _____

Remembrance Path \$ _____

I want to make an additional donation \$ _____

Total Amount Enclosed \$ _____

MAIL TO:

Make check payable to: HackensackUMC Foundation

Hackensack University Medical Center Foundation

360 Essex Street, Suite 301

Hackensack, NJ 07601

5TH ANNUAL SUSAN ZABRANSKY HUGHES
MEMORIAL 5K RUN/WALK



REGISTRATION

Name _____ Phone Number _____

Address _____

City, State, Zip _____

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

DESCRIPTION AND LOCATION OF EVENT:
5TH ANNUAL SUSAN ZABRANSKY HUGHES MEMORIAL 5K RUN /WALK
SADDLE RIVER, NJ
DATE OF EVENT: April 23, 2016

As a participant in the Susan Zabransky Hughes Memorial 5k Run/Walk on April 23, 2016 and/or any other area where any of the activities shall take place or being permitted to compete, officiate, observe, work for, or for any purpose participate in any way in the event, EACH OF THE UNDERSIGNED, for himself/herself, his/her personal representatives, heirs, and next of kin, acknowledges, agrees and represents that he/she:

1. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the promoter, Hackensack University Medical Center, Hackensack University Medical Center Foundation, participants, association, sanctioning organization or any subdivision thereof, grounds operator, grounds owner, officials, any persons in any restricted areas, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the event and each of them, their officers and employees, all for the purposes herein referred to as "releasees", from all liability to the undersigned, his personal representatives, assigns heirs, and next of kin for any and all loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by negligence of the releasees or otherwise while the undersigned is in or upon the restricted area, and/or, competing, officiating in, observing, working for, or for any purpose participating in the event;
2. HEREBY AGREES TO INDEMNIFY AND SAVE HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in or upon the restricted area or in any way competing, officiating, or working for, or for any purpose participating in the event and whether caused by negligence of the releasees or otherwise.
3. HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of releasees or otherwise while in or upon the restricted area and/or while competing, officiating, observing, or working for or any purpose participating in the event.
4. HEREBY EXPRESSLY AGREES to allow the Hackensack University Medical Center and the Hackensack University Medical Center Foundation to utilize my name, as well as any photographs or videotape of my participation in this event in connection with any advertisement of this event or future events, or any legitimate purpose in all medias without limitation, including electronic publishing, without payment of any compensation or remuneration.
5. EACH OF THE UNDERSIGNED expressly acknowledges and agrees that the activities of the event involve some element of risk to persons and/or property. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Participant Signature _____ Date _____

Parent / Guardian Signature _____