

THE JUDI SHESH MEMORIAL FOUNDATION 5K RUN/WALK Entry Form

FIRST NAME _____

LAST NAME _____

MALE FEMALE

EACH PARTICIPANT MUST COMPLETE AN ENTRY FORM! To register additional family members, please duplicate this form or visit our web site www.judisrun.org for additional forms.

or

Register online at 

AGE ON RACE DAY _____

ADDRESS _____

CITY _____

STATE/ZIP _____

E-MAIL _____

(To be used to communicate race info)

PHONE _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE _____

ENTRY FEES / SPONSORSHIPS

- ADULT \$15.00
(Registration postmarked the week of the run) \$20.00
- CHILD (age 13 and under) \$5.00

Sorry, I am unable to participate, but I would like to make a sponsorship contribution of \$ _____

Yes, I want to be a sponsor.

(see Sponsorship Opportunities on sponsorship page)

PARTICIPATION WAIVER

I the undersigned hereby waive and release any and all rights I may have against the Foundation, YMCA, The Village of Brightwaters, The Town of Islip, FL.R.R.T. and all the sponsors for damages, which I may have arising out of, said event.

I attest and verify that I will participate in this event as a foot race entrant and that I have sufficiently trained and that my physical condition has been verified by a licensed medical doctor. I grant full permission to any and all of the foregoing to use any photographs, videotapes, recordings, or any other records of this event for any purpose whatsoever.

If signed by a parent, the parent agrees to release and hold the above named organization and persons harmless of any claims, which may be asserted by or on behalf of the entrant.

SIGNATURE

(If participant is under 18, parent/guardian must sign)

DATE