

HollyDELL



Walk | Run | Wheel

Sunday, September 22, 2019

(rain or shine) at 9am

Washington Lake Park, 626 Hurffville-Crosskeys Rd., Sewell, NJ

Deadline for registration is September 17, 2019.

(In-person registration will be available at the event, beginning at 7:30 am.)

Entrance Fee (non-refundable):

Early Bird Registration - Online or Mail by August 1, 2018

\$30 per participant

Regular & On-Site Registration - After August 1, 2018

\$40 per participant

Team Member Registration - 4-Person Minimum

\$30 per participant

- Check In/Packet Pick-Up: Sunday, September 22 from 7:30am to 8:30am
- On-Site Registration: (cash or check only) 7:30am; No Credit Cards
- Start Times: 9:00am for 1-Mile Walk
9:15am for 5K Run
- T-Shirt to all registrants. Official times provided by L&M Sports. Water & refreshments at finish.

All race proceeds will benefit HollyDELL

HollyDELL is a 501(c)3 organization. Tax ID# 21-0699002



of Gloucester County

Participant Registration

You can also register online at www.hollydell.org

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Early Bird Registration - Online or Mail by August 1, 2019

\$30 per participant

Regular & On-Site Registration - After August 1, 2019

\$40 per participant

Team Member Registration - 4-Person Minimum

\$30 per participant

(please print)

Today's Date: _____

Name: _____

Address: _____

City: _____

State/Zip: _____

Phone: _____

E-mail: _____

Team (if applicable): _____

Age on Race Day: _____ Gender: Male Female

Emergency Contact: _____

Emergency Phone: _____

T-Shirt Size: S M L XL XXL

Select Event: Runner (5K) Walker (1 Mile) Wheelchair (1 Mile)

Waiver (must check "I Accept" to participate):

In consideration of you accepting this entry, I, the participant, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against HollyDELL and all of their agents assisting with the event, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I take full responsibility for my/our welfare and safety. I hereby give permission for emergency medical treatment to be administered as deemed appropriate. I understand that HollyDELL does not carry insurance to cover injuries and losses that may befall me/us. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver.

I Accept Signature: _____

A separate Registration Form is required for each participant.

Please Mail Payment and Registration Form(s) to:

**Attn: Sheryl Jenkins, HollyDELL,
610 Hollydell Drive, Sewell, NJ 08080**

Please make check payable to: HollyDELL

Have questions? Please call (856) 582-5151
or email 5K@hollydell.org