

# Participant Registration

You can also register online at [www.hollydell.org](http://www.hollydell.org)



## Entrance Fee (non-refundable):

### Early Bird Registration

Online or Mail by August 1, 2025

**\$30 per participant**

### Regular & On-Site Registration

Online or Mail After August 1, 2025

**\$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 (runners only): \_\_\_\_\_ Gender:  Male  Female

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Youth Size:  S  M  L

T-Shirt Size:  S  M  L  XL  XXL

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

Select Location:  In-Person  Virtual

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 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**

**Questions?** Please call (856) 582-5151 or email [5K@hollydell.org](mailto:5K@hollydell.org)