



Creature Comfort 5K Fundraiser Saturday May 6th, 2017
PARTICIPATION FORM AND WAIVER

Name: (First) _____ (Last) _____
Gender: Male Female Birthday: ____/____/____ Age on Race Day _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail: _____ Phone: _____

Registration Fee for 5K Fun Run: ADULT and Children aged 18 and under before April 30th:
\$30 for adults (*includes T-shirt if registering before April 30th, 2017. - No t-shirts guaranteed after that date.*)

Race: 5K Run **Amount Paid** \$ _____

Shirt Size: ADULT XL L M S XS (no youth sizes are available - order appropriate adult sizes for youngsters).

NOTE: Dogs are ONLY allowed to participate in the 1-Mile Fun Walk - not the 5K run.

All registration fees are NON-REFUNDABLE

All Profits go to benefit Creature Comfort Pet Therapy (www.ccpettherapy.org)

ACKNOWLEDGMENT OF RISK; RELEASE AND WAIVER OF LIABILITY

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 the Event Director, Creature Comfort Pet Therapy, 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 also authorize the use of photographs or videos that include my image for promotional, informational, or other reasons deemed to be in the best interest of the event.

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.

Name of Participant: _____ Date _____

Signature of Participant: _____

Signature of Parent/Legal Guardian (if participant is under 18): _____

****Make checks and any additional donations to**
Creature Comfort Pet Therapy
P.O. Box 872, Morris Plains, NJ 07950