



REGISTRATION FORM

- TURKEY DASH 5K (\$35)**
 Runner (Timed) Walker (Not Timed)
- TURKEY SPLASH (\$25 DEPOSIT, \$100 MINIMUM)**
- I AM PARTICIPATING AS AN INDIVIDUAL**
- I AM PARTICIPATING ON A TEAM OF 10 OR MORE**
TEAM NAME: _____
 I am the Team Captain

NAME: _____
FIRST NAME INITIAL LAST NAME

ADDRESS: _____

CITY: _____ **ST** _____ **ZIP** _____

COUNTY: _____

PHONE: _____ - _____ - _____ **EXT.** _____

EMAIL: _____

GENDER: M / F **AGE:** _____ **DATE OF BIRTH:** ____ / ____ / ____

Payment Information

Minimum \$25 deposit counts towards total \$100 Plunge fee

Total Amount Enclosed \$ _____

Check/MO # _____

No cash via mail

Credit Card Type: AmEx Discover
 Master Card Visa

Card Holder Name: _____

Credit Card Number: _____

CVV Number: _____ Expiration Date: ____ / ____

Card Holder Signature: _____

MAKE PAYABLE TO/MAIL TO:
Special Olympics NJ
Thanks4Giving
1 Eunice Kennedy Shriver Way
Lawrenceville, NJ 08648

PLEASE CIRCLE SHIRT SIZE (DASH 5K)
S M L XL XXL XXXL
PLEASE CIRCLE SWEATSHIRT SIZE (SPLASH)
S M L XL XXL XXXL
Adult sizes only. If size is not specified, XL will be given.

Questions? E-mail letr@sonj.org, call 609-896-8000, or visit www.thx4giving.org

WAIVER - Special Olympics New Jersey Release and Waiver of Liability, Assumption of Risk, and Indemnity ("Agreement"): In consideration of participating in the Special Olympics New Jersey Dash 5k and/or Splash (Activity), (1) I represent that I understand the nature of Running/Plunging events and that I and/or my minor child am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I and/or my minor child believe event conditions are unsafe, I and/or my child will immediately discontinue participation in the Activity. (2) I fully understand Running and Plunging events involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the Activity, the conditions in which the Activity takes place, or the negligence of the "Releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and (3) I fully accept and assume all such risks and all responsibility for losses, costs, and damages I and/or my child incur as a result of my and/or my minor child's participation in the Activity. (4) I hereby release, discharge, and covenant not to sue Special Olympics, Inc., Special Olympics New Jersey, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations; and (5) I further agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost which any may incur as a result of such claim. (6) I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND PARENTAL CONSENT AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. Note: By my participation in this event I am granting permission to you to use my name, likeness, voice and words in television, radio, films, magazines, and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of Special Olympics in appealing funds to support such activities.

Signature Required

Print Name

Signature (Parent or Guardian if under 18)

Date

THIS FORM MUST BE SIGNED AND COMPLETED IN ORDER TO PARTICIPATE

rev 2022-11-04