

Registration Form

All registered participants receive pre and post race refreshments, t-shirt, and race medal while supplies last. To register online, please visit: crowdrise.com/paulettes10th

- \$20 Individual Registration**
- Free Colorectal Cancer Survivor Registration**
- \$25 Dri-Fit Shirt Add-on** (10th Anniversary Event Running Shirt)
- \$ _____ | Additional donation

Name:	
Team Name:	
Address:	
City/ State/ Zip:	
Email:	
Age Group:	<input type="checkbox"/> 13 & Under <input type="checkbox"/> 14-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60-69 <input type="checkbox"/> 70+
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
T-Shirt Size:	<input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult Extra Large <input type="checkbox"/> Adult XXLarge
Course Event:	<input type="checkbox"/> 5K <input type="checkbox"/> 1 Mile
Additional:	<input type="checkbox"/> I would like more information about the fitness demos, classes and health screenings at the event. <input type="checkbox"/> I am a CentraState Fitness & Wellness Center member.
Liability Waiver:	I know that running and/or walking can be a potentially hazardous activity. I confirm that I am medically able and properly trained to participate in this event. I am not aware of any medical or physical condition which would preclude my participation in this event. (I agree to abide by any decision of the event official relative to my participation.) In consideration of accepting this entry, I assume all risks associated with my participation in Paulette's C of Blue event and I waive and release any and all rights and claims for damages I may have against Paulette's C of Blue sponsors, the CentraState Healthcare System, the CentraState Medical Center, the CentraState Healthcare Foundation, CentraState Fitness & Wellness Center, the Township of Freehold, Freehold Area Running Club, and all employees, managers, owners, staff, volunteers, agents, assigns and/or contractors, and hold them all free and harmless from all liability and damages resulting from any and all accidents, injuries or illnesses arising, either directly or indirectly, from my participation in the Paulette's C of Blue event, including all consequential and incidental damages. I also give my permission for the free use of my name, pictures, recordings and any other record of this event for (legitimate)marketing and/or publicity purposes from the time of this signature, and this Release shall be good indefinitely, unless I provide a revocation of rights to use my likeness in writing. I understand that I am not entitled to any compensation for use of my likeness. I fully understand there are no refunds of entry fees or sponsorship for this event. Completing this registration acknowledges acceptance of this waiver.

Signature _____

Date _____

Please mail this completed form & check payable to:

CentraState Healthcare Foundation, 225 Willow Brook Rd, Suite 5, Freehold, NJ 07728

Questions, please call 732.294.7030 or email foundation@centrastate.com

Foundation expenses of 12% will be deducted from the proceeds of this event. TAX ID # 22-2383065