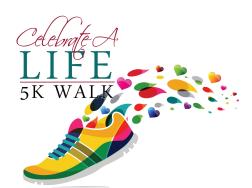


Walk Location: Sussex County Fairgrounds, 37 Plains Road, Augusta NJ 07822 Walk Time: Registration starts at 9:00 am; Walk starts at 10:00am Entry fee is \$25.00 - Adults - \$15 Children 13 and under which includes a T-Shirt. Shirt Size: S M L XL 2XL (check one) Make checks payable to Karen Ann Quinlan Hospice or pay and register online at www.karenannquinlanhospice.org/walk Refreshments will be available before and after the walk. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone Number:\_\_\_\_\_ Address: \_\_\_\_\_\_State \_\_\_\_\_Zip \_\_\_\_ Signature: \_\_\_\_\_Date\_\_\_\_ Signature of Parent (If under 18): Date

- Any individual who raises \$100.00 or more will have a Memorial sign with their Loved ones name displayed along the Walk route. The \$100 is in addition to registration costs.
  - Please sign and return Walk Waiver along with registration form.
  - Please include \$100 if you would like to purchase a Memorial Marker
  - Please include \$50 if you would like to use the Memorial Marker from last year.
  - Please indicate name for Memorial Marker:





## Celebrate Life 5K Walk September 28<sup>th</sup>, 2019

5k Walk, Waiver & Release Form					
l,	(Print name), acknowledge that my participation				
in the 5k Walk involves a ris	sk of injury, including bodily injury, and assume the risk for same. On my				
own behalf and behalf of m	y heirs and legal representatives and to the fullest extent permitted by law				
I hereby release and discha	rge Karen Ann Quinlan Hospice and the Joseph T. Quinlan Bereavement				
Center and their respective	directors, office employees, affiliates, members, agents and				
representatives, of and fror	n any liability for injury, death, or damages and/or any other claims,				
demands, losses or damage	es, incurred by me in connection with any aspect of the 5k walk.				
acknowledge that my part	en Ann Quinlan Hospice or the Joseph T. Quinlan Bereavement Center, I icipation in the 5K Walk is completely voluntary and does not constitute uties. I understand that my decision to participate, or not participate, in this ob status.				
Photo Release:					
I hereby grant Karen Ann (	Quinlan Hospice permission to use my likeness in a photograph, silhouette.				

I hereby grant Karen Ann Quinlan Hospice permission to use my likeness in a photograph, silhouette, performance, poses, acts, plays, appearances, voice and physical likeness for unlimited distribution in any and all of its publication processes, whether electronic, print, digital, or electronic publishing via the Internet, without payment or any consideration.

I hereby hold harmless and release and forever discharge the Karen Ann Quinlan Hospice from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting not my behalf or on behalf of my estate have or may have by reason of this authorization.

Signature:	Date:
Signature of Parent :( if under 18)	Date:

Please return completed waiver to nhammer@karenannquinlanhospice.org

or Fax to 973-383-6889, Attn: Nicole Hammer

Form can also be mailed to: Karen Ann Quinlan Hospice

Attn: 5K Walk, 99 Sparta Avenue, Newton, NJ 07860





## **Donations Sheet**

Please join hundreds of walkers in supporting the Joseph T. Quinlan Bereavement Center which provides grief support and counseling services to those who are suffering the loss of a loved one.

roc	eeds to benefit:
	Joseph T. uinlan
•	Bereavement Center

Turn this completed sheet in, along with donations on the day of the walk or at the kick-off event.

walker Name: Phone Number:			er:		
Team Name (if applicable):	Total Donati	Total Donations Collected:			
Sponsor Name	Sponsor Email	Sponsor Phone	Donation Paid	d Mailing List	



Total donations for page