



## Celebrate A Life 5k Walk

September 28<sup>th</sup>, 2019

Registration starts at 9:00am Walk starts at 10:00

### 5k Walk Registration Form

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](http://www.karenannquinlanhospice.org/walk)

Refreshments will be available before and after the walk.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ 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: \_\_\_\_\_





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### 5k Walk, Waiver & Release Form

I, \_\_\_\_\_ (Print name), acknowledge that my participation in the 5k Walk involves a risk of injury, including bodily injury, and assume the risk for same. On my own behalf and behalf of my heirs and legal representatives and to the fullest extent permitted by law, I hereby release and discharge Karen Ann Quinlan Hospice and the Joseph T. Quinlan Bereavement Center and their respective directors, office employees, affiliates, members, agents and representatives, of and from any liability for injury, death, or damages and/or any other claims, demands, losses or damages, incurred by me in connection with any aspect of the 5k walk.

If I am an employee of Karen Ann Quinlan Hospice or the Joseph T. Quinlan Bereavement Center, I acknowledge that my participation in the 5K Walk is completely voluntary and does not constitute part of my work-related duties. I understand that my decision to participate, or not participate, in this activity will not affect my job status.

### Photo Release:

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](mailto: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.

Proceeds to benefit:



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

<b>Walker Name:</b>	<b>Phone Number:</b>
<b>Team Name (if applicable):</b>	<b>Total Donations Collected:</b>

Sponsor Name	Sponsor Email	Sponsor Phone	Donation	Paid	Mailing List
<b>Total donations for page</b>					