



5k Walk Registration Form

Race Location: Sussex County Fairgrounds, 37 Plains Road, Augusta NJ 07822

Race Time: Registration starts at 9:00 am; Walk starts at 10:00am

Entry fee: is \$25.00 Adults • \$15 Children 13 and under

Make checks payable to Karen Ann Quinnlan Hospice or pay online at www.karenannquinnlanhospice.org/walk. Please return completed form and check to:

Karen Ann Quinnlan Hospice
Attn: Celebrate Life 5k Walk
99 Sparta Avenue
Newton, NJ 07860

Name: _____ Email Address: _____

Date of Birth: _____ Age: _____ Phone # _____

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.
- Please sign and return Walk Waiver along with registration form.





Celebrate Life 5K Walk

September 25th, 2021

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

or Fax to 973-383-6889, Attn: RILEY MCATEER

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.

Walker Name:	Phone Number:
Team Name (if applicable):	Total Donations Collected:

Sponsor Name	Sponsor Email	Sponsor Phone	Donation	Paid	Mailing List
Total donations for page					