

Section 1: FOR PARTICIPANTS ONLY

Participants (Runners and Walkers)

Name(s) of each family member	Anticipated time to begin (9 am to 1 pm)	Expected time on course (Choose 30 min, 30-60 min, or over 60 min)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Participant waiver for event registration

In consideration of accepting this entry, I understand and agree to be legally bound hereby for myself, my heirs, executors, administrators, successors and waive, release and hold harmless Beth Haverim Shir Shalom, and any volunteers, race sponsors, and all race sponsors and their agents, employees and representatives (collectively "BHSS") for any and all injuries, claims, liabilities and causes of action related to my participation in this event. I assume all risks associated with participating in this event, including but not limited to: falls, physical contact with other participants, volunteers, race personnel, contract service providers, employees, and spectators including the potential for the contraction of a communicable disease resulting from contact with other participants, volunteers, race personnel, contract service providers, employees, and spectators. I assume all risks including: the effects of the weather; high heat and/or humidity; freezing cold temperatures; traffic and the conditions of the road including surrounding terrain. I further agree to abide by the Center for Disease Control's (CDC) recommendations for the prevention of the spread of the 2019 Novel Coronavirus Disease (COVID-19) and other communicable diseases, and I attest to having read the CDC's guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>. I assume all such risks being known, appreciated, and accepted by me.

I attest that I am physically able to participate in this event in the manner that I choose and for the length of time that I choose.

I further grant permission to any of the foregoing organizations to take and use photographs, video, and recordings or any other record of this event for any purpose whatsoever.

If signed by a parent or guardian, the parent/guardian agrees to release and hold BHSS harmless of any claims which may be asserted by or on behalf of the entrant and his/her relatives as well.

I have read and agree with the above waiver terms.

Do not agree.

Section 2: FOR SPONSORS ONLY

Name of Sponsor: _____

Phone: _____ **Email:** _____

Participants to be sponsored

Donation per lap (\$0.18 to \$18)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Credit card information

_____ Use card on file at BHSS

_____ Will call synagogue office 201-512-1983 with preferred credit card