

Twilight Gymnastics
2018 5K & 1K Run / Walk Entry Form

Must be completed for each participant.

Name

Address

Gender (circle) Male Female

Date of Birth

City / State Zip

Email

Phone

Emergency Contact

Emergency Phone

Registering for (circle): 5K Run 5K Walk 1K Run 1K Walk

Waiver

In consideration of the acceptance of this entry, I hereby for myself, heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against Twilight Gymnastics and its respective subsidiaries, affiliates, successors and assigns, sponsors, race officials, organizers and volunteers associated with this event for any injury that may occur as a result of my participation in this event. Further, I verify that I am physically fit and have trained sufficiently. Permission is granted to use my photograph and name for any and all purposes.

Signature (Parent/Guardian's Signature if under 18) Date

Please make checks payable to **Twilight Gymnastics / 5K** and mail to or drop off form at: Twilight Gymnastics, 1011 Route 22 West, Phillipsburg, NJ 08865. For information call 908-859-2006.