

Paulette's C of Blue

5K • 1 MILE • KIDS FUN RUN • FESTIVAL



SUNDAY, MAY 7, 2017
CENTRASTATE MEDICAL CENTER, FREEHOLD, NJ

8:30AM—Registration/Breakfast 9:30AM—Welcome 10:00AM—5K Start 10:30AM—1 Mile Start 10:45AM—Kids Fun Run Start
11:30AM—Awards, Raffles, Lunch

WWW.CENTRASTATEFOUNDATION.ORG/PAULETTE

Name: _____

Team Name: _____

Address: _____

City, State Zip: _____

Email: _____

Mobile Phone: _____

Participation: 5K 1 Mile Kids Fun Run

Gender: Female Male Age (as of 5/7/17): _____

How has Colorectal Cancer impacted your life?

- I am a Survivor for _____ years
 I am a friend/family member of a Survivor
 I have lost a loved one to Colorectal Cancer
 My life has not been impacted by Colorectal Cancer but I support the cause
 I prefer not to answer

How did you hear about this year's event?

Radio Flyer/Poster Internet Friend/Family Social Media
Other _____

Shirt Size*: Y-Small Y-Medium Y-Large S M L XL XXL
*must be registered by 4/24/17 to guarantee availability

Registration Options

All participants will receive event access, refreshments, t-shirt, while supplies last.

- \$20 Adult Registration Early Bird (ends 4/24/17)
 \$25 Adult Registration (after 4/24/17)
 \$10 Kids Registration—under 10 Early Bird (ends 4/24/17)
 \$15 Kids Registration—under 10 (after 4/24/17)
 \$50 Group Registration (includes 4 adult/kids registrations)
 Fee paid via _____ sponsorship

Additional Donation \$ _____

Total \$ _____

Credit cards are accepted online and at the event.
Foundation expenses of 12% will be deducted from the proceeds of this event

Awards

- Top Male & Female in each age category (30 and under, 31-45, 46-59 and 60+)
- Highest Individual Fundraiser
- Highest Fundraising Team
- Best BLUE Spirit
- Medals for all 5K Finishers

Liability Agreement: I know that running/walking can be a potentially hazardous activity. I confirm that I am medically able and properly trained to participate in this event. I agree to abide by any decision of an event official relative to my participation in this event. I assume all risks associated with running/walking, including, but not limited to, falls, contact with other participants, the effects of weather, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my entry, I, for myself and anyone entitled to act on my behalf, waive and release CentraState Medical Center and CentraState Healthcare Foundation, CentraState Healthcare System, the Township of Freehold, Freehold Area Running Club, staff, volunteers, agents, contractors and sponsors, their representatives and successors for all claims and liabilities of any kind arising out of my participation in this event. Furthermore, I grant to all of the foregoing the use of any photographs, motion pictures, recordings or any other record of this event for legitimate purposes. I fully understand that there are no refunds of entry fees for this event.

Signature (Parent/Guardian if under 18) _____

Date _____

Indicates acceptance of Liability Agreement. Registrations without signature will be rejected.

Please mail this completed form and check payable to:
CentraState Healthcare Foundation, 225 Willow Brook Rd—Suite 5, Freehold, NJ 07728
Questions? Please call 732-294-7030 or email foundation@centrastate.com