

# The Alumni Run

## Registration Form



Date: Saturday August 1st, 2009 (rain or shine)  
Location: Moorestown High School – At the Track  
Time: 8:30 – 9:15 Registration  
9:15 – 9:30 1 Mile Fun Cross Country Run  
9:45 – 10:15 5K Cross Country Race



The Alumni Run is a 5k event sponsored by the Moorestown High School Class of 1999. This event is a community event. All are welcome. The proceeds from this event will go to support Moorestown High School's Cross Country program. For more information, email Doug Sell Jr. at [doug.sell.jr@gmail.com](mailto:doug.sell.jr@gmail.com)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Email \_\_\_\_\_

Select Event:  5k Race       1 Mile Fun Run/Walk

\$10.00 Registration

I can't make it or I would like to make an additional donation of...

\$10       \$20       \$50       \$100       \$ \_\_\_\_\_

Make checks payable to: Moorestown Class of 1999

Or pay by Credit Card at: The Moorestown Running Company (\$1 Surcharge)

Mail Registration to: Moorestown Class of 1999  
c/o Jennifer VanGinhoven, 14 Pepperbush Lane  
Moorestown, NJ 08057

Or contact us at: [doug.sell.jr@gmail.com](mailto:doug.sell.jr@gmail.com)

In consideration of you accepting this entry, I, the below signed, intending to be legally bound hereby waive or release any and all right and claims for damages or injuries that I may have against the Moorestown Class of 1999, Moorestown School District and all of their agents assisting with the event, sponsors and their representatives and employees of the township of Moorestown for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event on August 1st, 2009. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. I understand that the purpose of this race is to benefit a non-profit organization and to promote a charitable cause. Parent or adult guardian must sign this form for all children under 18 years.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian's Signature, if participant is under 18 \_\_\_\_\_ Date \_\_\_\_\_