

**2017 Dunkin' Donuts Munchkins Run Same-Day Registration Form**

Name: \_\_\_\_\_ Team: \_\_\_\_\_

Email: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**Assigned Bib Number:** \_\_\_\_\_

Paid With  Cash  Check  Credit Card

I attest that I am physically fit and sufficiently trained to participate in this event. I have full knowledge of the risks involved. Therefore, in consideration of my entry in the Dunkin' Donuts Munchkin Run I, for myself, my heirs, my executors, and my administrators waive any and all rights and claims I may have against the ASK Childhood Cancer Foundation, Dunkin' Donuts, and St. Christopher's School and its employees, all sponsors and any individuals associated with this event and will hold them harmless for any and all injuries, damages or death I may suffer in conjunction with this event. I further grant permission for the releases to use any photographs, motion picture recordings or any other record of the event containing my name, likeness, or performance. By signing below, I signify that I have carefully read this Release and Assumption of Risk and fully understand its contents. I voluntarily agree to it and realize that this will bind me, my heirs and my personal representatives. If under the age of 18, have the consent of a parent or guardian to participate in this event.

\_\_\_\_\_  
Participant/Guardian Signature                      Print Name                      Date

\_\_\_\_\_  
Print Minor Name (if applicable)

**2017 Dunkin' Donuts Munchkins Run Same-Day Registration Form**

Name: \_\_\_\_\_ Team: \_\_\_\_\_

Email: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**Assigned Bib Number:** \_\_\_\_\_

Paid With  Cash  Check  Credit Card

I attest that I am physically fit and sufficiently trained to participate in this event. I have full knowledge of the risks involved. Therefore, in consideration of my entry in the Dunkin' Donuts Munchkin Run I, for myself, my heirs, my executors, and my administrators waive any and all rights and claims I may have against the ASK Childhood Cancer Foundation, Dunkin' Donuts, and St. Christopher's School and its employees, all sponsors and any individuals associated with this event and will hold them harmless for any and all injuries, damages or death I may suffer in conjunction with this event. I further grant permission for the releases to use any photographs, motion picture recordings or any other record of the event containing my name, likeness, or performance. By signing below, I signify that I have carefully read this Release and Assumption of Risk and fully understand its contents. I voluntarily agree to it and realize that this will bind me, my heirs and my personal representatives. If under the age of 18, have the consent of a parent or guardian to participate in this event.

\_\_\_\_\_  
Participant/Guardian Signature                      Print Name                      Date

\_\_\_\_\_  
Print Minor Name (if applicable)