A separate registration form must be completed for each participant. Please make checks payable to: JP's Foundation, Inc. PO Box 567 Hamburg, NY 14075

NAME _____ AGE ON RACE DAY _____

ADDRESS _____ D.O.B. _____

CITY _____ STATE _____ ZIP _____

PHONE _____ TEAM NAME _____

EMAIL _____

☐ MALE ☐ FEMALE

☐ RUNNER ☐ WALKER

☐ SSPP Student

☐ FAMILY

☐ TEAM

WAIVER: I know that running or walking a road race is a strenuous physical activity with many potential hazards that could result in serious injury or death. I should not enter unless I am medically able and properly conditioned. I hereby assume all risks associated with running or walking in this event, including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and the conditions of the road, all such risks being known and appreciated by me. I, for myself or for any minor or person for whom I am a parent or legal guardian, hereby knowingly and voluntarily waive and release J.P.'s Foundation, Autism Services, Inc., Saint Peter and Paul Parents Guild and Parish, J.P. Fitzgerald's, the Village of Hamburg, Town of Hamburg, County of Erie, New York State Department of Transportation and all sponsors, their representatives and successors from any and all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of the negligence or carelessness on the part of the persons or entities named in this waiver. **By signing and registering for participation in this event, I acknowledge that I have read the above waiver and agree to all of the terms. By signing I also consent to the use of my image in photos or video on the Foundation's promotional materials and website and the use of my email for news and information specifically restricted to JP's Foundation events and Run the Burg for Autism. A parent or guardian must sign for all participants under the age of 18.**

SIGNATURE _____ DATE _____

FREE "Dri-Fit" T-shirt to first 1500 registrants to pick up packets