



35th Annual Giralda Farms Run
10K, 5K, and Fun Run
Sunday, November 10, 2019 – Rain or Shine
www.GiraldaFarmsRun.com



First Name: _____ **Last Name:** _____

Street: _____

City: _____ **State:** _____ **Zip:** _____

DOB: _____ **Age on Race Day:** _____ **Gender (Circle One):** **M** or **F**

Email: _____ **Phone:** _____

USATF-NJ #: _____

- Entry Fees:**
- Giralda Farms 5K - \$25 until 9/30; \$30 until 11/7
*\$3 discount for USATF members if postmarked by 11/1
 - Giralda Farms 10K - \$30 until 9/30; \$35 until 11/7
*\$3 discount for USATF members if postmarked by 11/1
 - Giralda Farms 5K & 10K – Combo - \$49 until 9/30; \$59 until 11/7
*\$3 discount for USATF members if postmarked by 9/30
*\$5 discount for USATF members if postmarked 10/1 - 11/1
 - Fun Run - \$10

Long Sleeved T-shirt included with 10K & 5K entry (While supplies last, sizes not guaranteed)

Checks Payable to: Barwick Group
Mailing Address: Giralda Farms Run c/o Barwick Group
 330 Ratzer Rd. Ste. A-4
 Wayne, NJ 07470

Individual Awards: No Duplicate Awards
 10K Open (M&F) Top 3 - \$150, \$100, \$50
 10K Masters USATF-NJ age-graded (M&F) Top 8 - \$200, \$150, \$100, \$75, \$50, \$50, \$25, \$25
 10K & 5K age group awards (M&F) Top 3: <15, 15-19, 20-29 and 5 yr. age groups 30 through 85+

***No portable listening devices, dogs, rollerblades, strollers or baby joggers.**

Waiver/Release: In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Event Director, RunSignUp.com, T.E.A.M. Incorporated, d.b.a. Barwick Marketing & Events Group, Open Spaces Management Association, RXR Realty, Pfizer, Maersk Inc., GRC Management Corp or their representatives, successors or assignees, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees 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. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typically found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. 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 a licensed Medical Doctor has verified my physical condition. In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization. My entry fees are non-refundable even in the case of event cancellation and my participation the event is non-transferable. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver. Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

Signature: _____ **Date:** _____

Signature of parent or guardian if participant is under 18

