

# LINCOLN TUNNEL CHALLENGE 5K FUN RUN/WALK

HOSTED BY

**THE PORT AUTHORITY**  
OF NY & NJ

PRESENTED BY



TO BENEFIT



**Results will be combined for both races for awards**



Run under 25 mins.\* Start Time 8:00 - YELLOW RACE # \_\_\_\_\_

Over 25 mins.\* Start Time 8:45 - WHITE RACE # \_\_\_\_\_

Child in Stroller Name: \_\_\_\_\_ (no fee) Age: \_\_\_\_\_

Gender:  Male  Female Age: \_\_\_\_\_

USATF #: \_\_\_\_\_  
(Only required if a member of USATF)

\_\_\_\_\_  
First Name Initial Last Name

\_\_\_\_\_  
Complete Address Apt. # County

\_\_\_\_\_  
City State Zip code

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR

\_\_\_\_\_  
Cell Phone or best number

\_\_\_\_\_  
Email address (will only be used for Special Olympics events)

## PAYMENT INFORMATION

- Check
- Cash/Money Order
- Credit Card

Entry fee: \$ 35.00

Additional donation of: \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

**T-SHIRT SIZE** Please circle one (First-come, first-served) | Youth **L** Adult **S M L XL XXL**

## WAIVER

*In consideration of participating in the Lincoln Tunnel Challenge, I represent that I understand the nature of Fun Run/Walk events and that I and/or my minor child am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I and/or my minor child believe event conditions are unsafe, I and/or my minor child will immediately discontinue participation in the Activity.*

*I fully understand that Fun Run/Walk events involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I and/or my minor child incur as a result of my and/or my minor child's participation in the Activity.*

*I hereby release, discharge, and covenant not to sue Special Olympics, Inc., Special Olympics New Jersey, Inc., The Port Authority of NY and NJ, USATF, USATF-NJ, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.*

*I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND PARENTAL CONSENT AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.*

*I hereby grant my full permission to any and all of the foregoing to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any legitimate purpose.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature (Parent or Guardian if under 18)

\_\_\_\_\_  
Date

**THIS FORM MUST BE SIGNED AND COMPLETED IN ORDER TO PARTICIPATE**