



Skylander 5 & 10K Challenge

REGISTRATION FORM

Last Name _____ First Name _____ Gender _____
Address _____ City _____ State _____ Zip _____
Phone Number _____ E-mail Address _____
Business Name _____ Current SCCC Student Yes No Running: 5K 10K
Team Name _____ Team Captain _____
Bib# (Office Use Only) _____
Shirt Size: S M L XL Age on Race Day: _____ Birthdate: _____
2011 USATF-NJ# _____ Grand Prix Scoring Only _____
Payment Enclosed: _____ cash _____ check # _____

Make checks payable to: SCCC Foundation
Send payment & Registration Form to:
SCCC Foundation
One College Hill Road, Newton, NJ 07860

In consideration of your acceptance in the Skylander Challenge I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administration waive and release any and all rights and claims for damages, and hold harmless, any sponsoring organizations including Sussex County Community College, Sparta Runners Club, Hampton, Newton, Sussex County, event co-sponsors, their representatives, successors, agents, servants or employees and assignees for any and all injuries suffered by me in said run. I recognize that I must be in good health and of sufficient training and experience in order to participate and state furthermore, that my ability to participate in and successfully compete in this event has been attested to by a qualified physician or certified fitness consultant. I hereby grant permission to SCCC to use photos that may include myself for promotion and publicity, and understand that if the Run cannot be held due to an act of God or circumstances beyond control, the Race is not liable to refund any money paid by me to participate. With my signature, I acknowledge that I have read and accept these terms under which my entry is made.

Please Sign here: _____ **Date:** _____
Parent or guardian if under 18