

Registration



Please note: Family sign-ups require one form for each family member. Additional forms available at www.BA5K.com

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Age (as of 5/10/09): _____

Sex: M _____ F _____

T-Shirt (adult) Size:

Small ____ Med ____ Large ____ XL ____

Please make check payable and mail to:

Brian Anderson Memorial Fund
3 Grenloch Court
Sewell, NJ 08080

Release: In consideration of the acceptance of this entry, I hereby, for myself, my heirs, executors and administrators, waive and release all rights and claims for damages I may have against the sponsors, organizers, coordinating groups and individuals associated with this event and will hold them harmless from any injury suffered in this event. Also, none of the above is responsible for the loss of any personal items or any other form of aggravation in connection with said event. I understand that road racing is a potentially hazardous activity. I verify that I am physically fit to participate in this event. I also give my permission for free use of my name and photo in any broadcast or other accounts of the event.

X _____

Signature (parents if under 18)