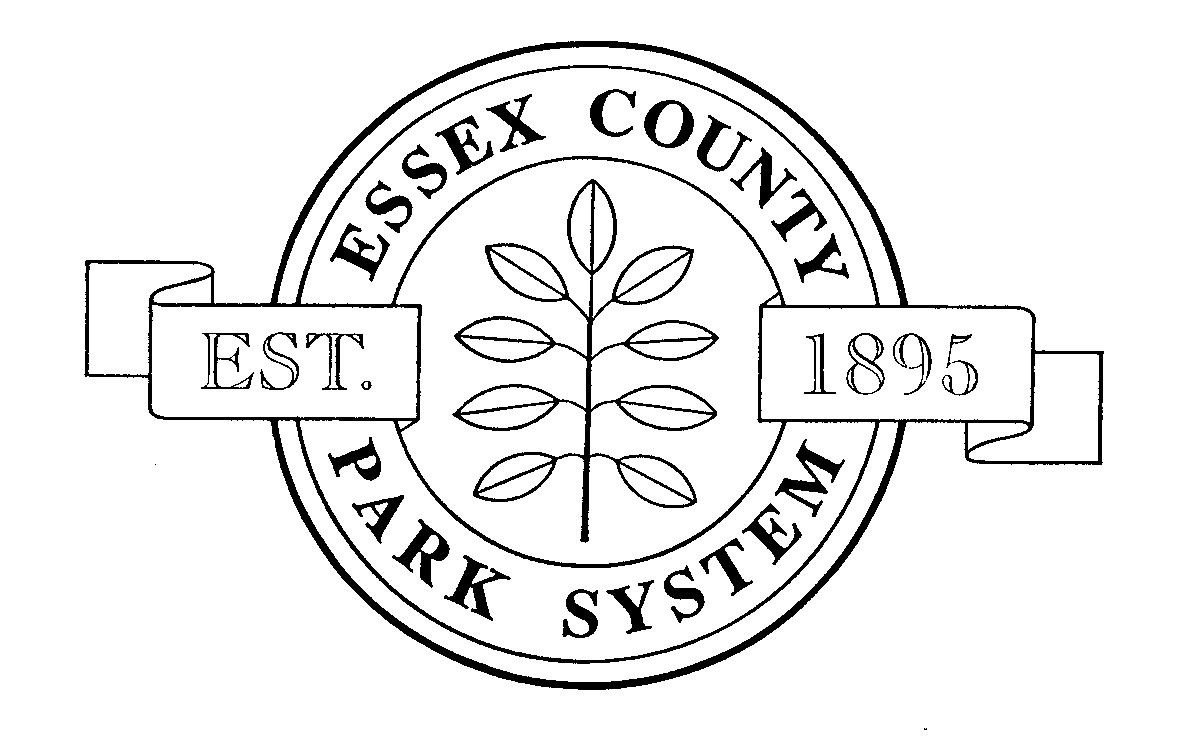
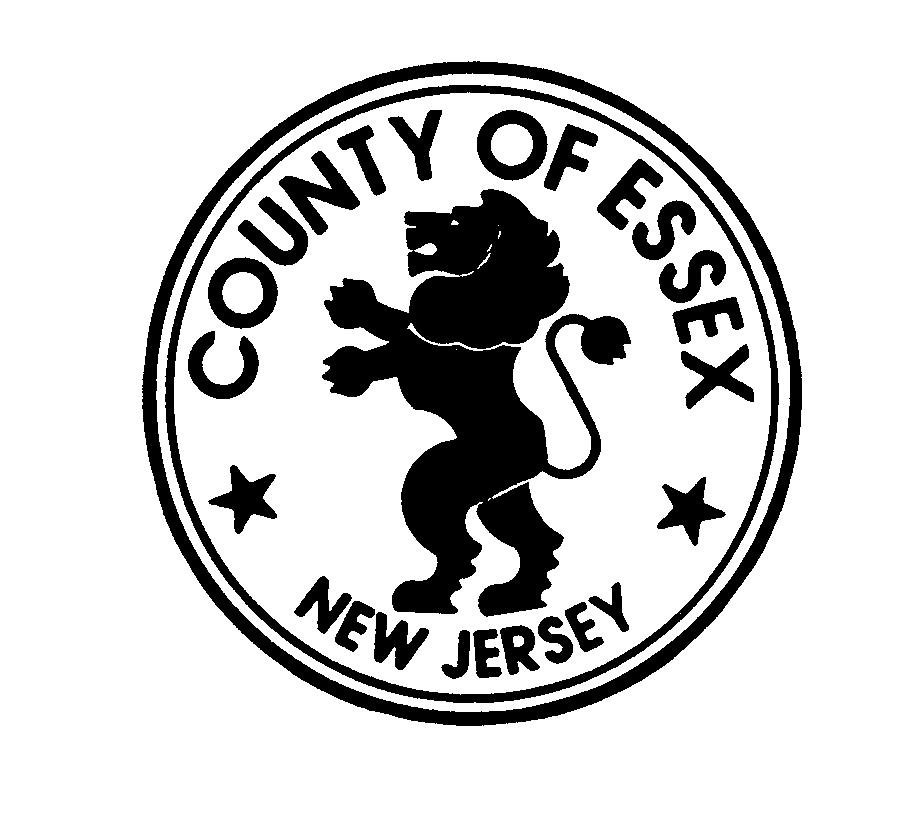
Daniel K. Salvante

Director

Joseph N. DiVincenzo, Jr.

Essex County Executive





ONE-MILE FUN RUN/WALK

**PERMISSION FORM**

Please return this registration form at the latest between 9am and 9:45am on the morning of the Run/Walk to the Prudential Concert Grove in the Southern Division of Essex County Branch Brook Park, Newark.

The Race begins at 10am on Saturday, April 18, 2015.

**Entrance into the One-Mile Fun Run is FREE!** Participants will receive a t-shirt *while supplies last*.

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First Name Last Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (Include Apt. #)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

City State ZIP

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male Female \_\_\_\_\_\_\_\_\_\_

Telephone Number (Include Area Code) (Please Circle One) Age

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name and Town

In consideration of the acceptance of this application to enter my child in the Children's Fun Run I, my heirs, executor, administrator, successor, and assigns, do hereby acquit and forever discharge the County of Essex and the Department of Parks, Recreation and Cultural Affairs, their agents, servants, successors, heirs, executors, administrators, and all other persons or entities involved in the promoting or staging of the aforementioned race from any and all claims, causes of action, demands, rights, damages, costs, loss of services, expenses, and compensation which may hereafter accrue of or in unforeseen damage and consequences resulting or to result from my child's participation in the Children's Fun Run race which is to be held on Saturday, April 18, 2015, in Newark, NJ. I also give my permission for the use of my child's name and/or picture in any newspaper, broadcast, telecast, social media or other account of this event.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date