



REGISTRATION FORM

**The Garden State Pulmonary Fibrosis Support Group
and the Pulmonary Fibrosis Foundation present:**

**Garden State 5K Run/Walk for PF
Nomahegan Park, Cranford, NJ
Saturday, September 26, 2009
(Rain date Sunday, September 27, 2009)**

PARTICIPANT INFORMATION

Name:	
Address:	
City	State
Zip	Phone
E-mail:	

WAIVER: I, the undersigned, hereby acknowledge I am participating in a 5k walk/run event, which is not a race, or competition involving any speed or contest. It is a charity event. I do so voluntarily and for the sport and enjoyment of it. We hereby release, indemnify, hold harmless, and waive any claims for injuries and/or property damage incurred or suffered as a result of participating in this event sponsored by The Pulmonary Fibrosis Foundation and supported by various others. By signing below I acknowledge this has been explained to me, and I understand I cannot bring any claim or suit for damages as a result of my voluntary participation in this event, against any of the organizations, sponsors, supporters, cities, towns, or the state, or individuals volunteering their time. I am solely responsible for my walking/running and participation in this Event.

SIGNATURE: _____ **DATE:** _____

Please mail form to:
Monica Storch
Pulmonary Fibrosis Foundation
1332 N. Halsted, Suite 201
Chicago, IL 60642-2642
Or email ms_pulmonaryfibrosis@yahoo.com / or fax 312-587-9273

Any questions? Contact Barbara Murphy @ 908-276-3394