



# REGISTRATION FORM

Hemophilia Association of New Jersey  
*Community is in Our Blood!*

## HANJ'S VIRTUAL TURKEY TROT

You must complete this form even if you have signed up to trot with a team. You can also sign up by visiting our website and clicking on <http://hanj.org/event/virtual-turkey-trot/> to register.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

If you are trotting with a team, please complete the information below:

TEAM LEADER: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

### Additional Pledge/Donation Information on Back of Form

Your Gift is tax deductible to the maximum extent allowed by law

### Pledge/Donation Credit Card Information:

Type of Card (circle one): Visa Mastercard AMEX Discover

Total Pledge/Donation Amount (circle one): \$10.00 \$20.00 \$50.00 \$100.00 Other \$\_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ CVC: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

### LIABILITY & PHOTO RELEASE:

I, the participant, hereby certify the following: I am physically fit and have received medical clearance to participate in the Hemophilia Association of NJ Turkey Trot and hereby agree to abide by the rules and conditions of the Turkey Trot. I certify that all the above particulars are correct. I am entering the Turkey Trot at my own risk and shall not hold HANJ, the organizers and/or sponsors responsible for any accident, injuries, death, loss of property however caused before, during and after the Turkey Trot. I grant full permission for the organizers and its authorized agents to use my name and likeness, as well as photographs and video/audio recordings of me and quotations from me in legitimate accounts and promotions of this event appearing in print, electronic or digital medium, with or without my name or the name of the person for whom I am the parent/guardian, in its sole discretion as it sees fit free and clear of any claim whatsoever on my part, and without compensation.

This permission includes but is not limited to photographs, quotes and/or text, motion pictures, videotapes, Web site information or audiotapes of and/or by me or the person for whom I am the parent/guardian. I release the Hemophilia Association of NJ as well as other sponsors and organizers from any and all legal liability that may arise from the release of information requested.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(parent or guardian signature if participant is a minor)

