



5K Run & Walk

**OCTOBER 23, 2022**

**IN-PERSON**  
**WASHINGTON LAKE PARK**  
**626 Hurffville Crosskeys Road**  
**Sewell, NJ**

**VIRTUAL 5K RUN/WALK**  
**YOUR "HAPPY PLACE"**  
**ANYWHERE, USA**  
**Register On-line at**  
**Runsignup.com**

**ENTRY FEES**

**MAIL-IN REGISTRATION**

Runners: \$30  
Walkers: \$25  
Children under 14: \$15  
Virtual/ Sleepwalker: \$25

**RACE DAY FEES**

Runners: \$35  
Walkers: \$30  
Children under 14: \$15  
Virtual / Sleepwalker: \$25

**5K Run begins at 9:00 AM**

**Walk begins at 9:15 AM**

*~Rain or Shine~*

**\*Mail-in form must be received by October 20, 2022**

**\*Register by October 1<sup>st</sup> to be guaranteed T-Shirt**

**\*Race Day Registration & Check-in begins at 7:30 a.m.**

**\*All Registered Runners/Walkers receive a free raffle ticket**

**\*Prizes to top Male/Female Runners**

**\*And top Male /Female finisher in all age groups**

**REGISTRATION FORM\***

*Please print:*

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_  
**State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Phone** \_\_\_\_\_

**Email** \_\_\_\_\_  
**Age (as of 10-23-22)** \_\_\_\_\_  
**Gender** \_\_\_\_\_  
**Shirt Size (circle one):** **S M L XL XXL**

**\*Please submit separate registration form and signed waiver for each family member**

*Please sign waiver:*

In consideration of your accepting this entry, and granting of the right to participate in this event, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, personal representatives, successors and assigns, waive and release any and all claims for losses and damages I may have against the Lauren Rose Albert Foundation, sponsors, event committee volunteers, DQ Events or their representatives, successors and assigns and/or any other person whatsoever for any and all injuries, illnesses, including death, that may result from my participation in said event. I represent and affirm that I am in proper physical condition to participate in this event, and verified by a licensed physician, and have sufficiently trained for the completion of this event. The undersigned has read and voluntarily signed this release and waiver.

\_\_\_\_\_  
Signature of participant (an adult or parent must sign for anyone under the age of 18)

**Please mail completed application(s) with check payable to:**  
**Lauren Rose Albert Foundation, 106 Kenwood Drive, Cherry Hill, NJ 08034**

**For more information, please visit our website: [www.mothersmatter.org](http://www.mothersmatter.org)**

**Lauren Rose Albert Foundation**

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