





Hosted by:  Community Options, Inc.
Supporting People with Disabilities since 1989

Make checks payable to: Community Options, Inc.

Mail checks to: 16 Farber Road

Princeton, NJ 08540

 comop.org/cupidschase

Run with your heart this Valentine's Day
Saturday, February 11, 2012
Registration 8:00 AM - Run 10:00 AM

Bowling Green Senior High School

1801 Rockingham Lane

Bowling Green, KY 42104

Registration fee to run: \$35 per person (\$50 pp day of the run) **USATF Members \$2 discount (Please include your USATF #)**

Racer 2 \$35 per person (\$50 pp day of the run)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

Gender: Male Female Birth Date: _____ - _____ - _____ Age on Day of Race _____

Preferred Shirt Size: S M L XL USATF # _____

Waiver/Release: In consideration of this entry being accepted, I hereby, for myself, heirs, executives and administrators, waive and release all claims and causes of action I have against Community Options, Inc., or Community Options Enterprises, Inc., The Race Timing/ Management Company, and any all parties involved in the Cupid's Chase 5K Run/Walk, for injuries I may suffer, and for any other loss or liability connected with the event. I certify I am physically able to participate in the event and grant permission to use my likeness in any photographic record of Community Options, Inc.

Signature (Parent/guardian if participant is under 18 years of age) _____ Date _____ Race Location _____

Racer 1 \$35 per person (\$50 pp day of the run)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

Gender: Male Female Birth Date: _____ - _____ - _____ Age on Day of Race _____

Preferred Shirt Size: S M L XL USATF # _____

Waiver/Release: In consideration of this entry being accepted, I hereby, for myself, heirs, executives and administrators, waive and release all claims and causes of action I have against Community Options, Inc., or Community Options Enterprises, Inc., The Race Timing/ Management Company, and any all parties involved in the Cupid's Chase 5K Run/Walk, for injuries I may suffer, and for any other loss or liability connected with the event. I certify I am physically able to participate in the event and grant permission to use my likeness in any photographic record of Community Options, Inc.

Signature (Parent/guardian if participant is under 18 years of age) _____ Date _____ Race Location _____