# **Event Information and More…**

**This race supports the mission of the West Orange Suicide Advocacy Coalition (WOSAC) which increases access to suicide awareness and prevention resources and support services in the Township of West Orange.**

**About Zach:** **Advocate and voice for human rights. Zach saw the goodness in many people, had an opinion on many issues and stood steadfast in his beliefs. His strong moral compass could lead him to become argumentative, head strong and stubborn.**

**Zach was known for being the “Life of the Party.” His interests included running, boxing, mixed martial arts, video games, music, movies, science, mind exploration, expansion, travel and adventure. In his early twenties his career aspirations included modeling and acting. The camera loved Zach. The two women in Zach’s life were his Mom and his girlfriend of 4 ½ years. He loved them most and argued with them the most. He and his girlfriend had dreams to marry, have children and build their future together. Zach was the last person you would think of that would abruptly, tragically, and violently end his 24-year young life that was filled with abounding potential. Zach touched so many people then and now…and will be forever missed, loved and remembered for being an amazing young man. Like too many others gone too soon who struggled with a reason to hold on, we will RUN for ZACH to encourage others to ask for help and know that they are loved.**

**Race Information**

* **Race date 10/6/2019 | Race Time 4:00 pm**
* **Race entry fee:**

**Early Bird Registration by 8/1/2019 $25.00**

**Registration through 9/15/2019 $35.00**

**Registration after 9/16 through day of event $40.00**

* **Payment instructions for your race entry fee website link**

[https://www.raceentry.com/race/west-orange-run-for-zach](https://www.raceentry.com/race/west-orange-run-for-zach/)

* **Contact details: Tammy Williams, Chairwoman** [**twmsblackwell@gmail.com**](mailto:twmsblackwell@gmail.com) **(973) 219-7687**

### **Waiver Of Liability**

I acknowledge that participation in a race is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them.  I assume all risks associated with running/walking in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the course and roads, all such risks being known and understood by me. I understand that bicycles, skateboards, roller skates or roller blades, animals, and personal music players are not allowed in the race and I will abide by all race rules. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the West Orange Suicide Advocacy Coalition and the Township of West Orange all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.  I understand that this event does not provide for refunds in the event of a cancellation, and by signing this waiver, I consent that I am not entitled to a refund if the event is cancelled before or during the event.

#### **▢ By checking this box, I agree to the waiver above**

#### **Signature (parent/guardian if under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### **Date: MM / DD / YYYY**

# Registration Form

#### **First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### Age on race day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: ▢ Male ▢ Female

#### Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

#### Choose a race to enter:

#### ▢ 5K Run ▢ 5K Walk

#### T-shirt size: Adult Sizes

#### ▢ XS ▢ S ▢ M ▢ L ▢ XL ▢ XXL