



David Posnack JCC 5K Superhero Run/Walk

Get to know a Superhero

fun facts



Superhero name: _____

Birthday: _____ Gender: _____

Your Favorite Things!

Flower: _____

Animal: _____

Drink: _____

Food: _____

Movie: _____

Actor/Actress: _____

Sport: _____

Sports Team: _____

Music/Artist: _____

Song: _____

Color: _____

Hobby: _____

Favorite season: _____

Ice cream flavor: _____

Place to shop: _____

Favorite book: _____

Place to relax: _____

Nickname: _____

Candy: _____

Donuts or bagels: _____

Do you have a big/little brother(s) or sister(s)? _____

Is there anything else you'd like to share? _____

Liability Waiver & Release

Changes/Cancellations: Program/event schedules, prices, content are subject to change without notice. Registration deadlines: Registration deadlines is one week prior to the race date. If the event is cancelled for any reason or I am denied entry due to my falsification of any information or due to my failure to pick up my race number and chip prior to the race, I hereby donate my entry fee to the event host. I understand that this event uses AccuchipUSA, Inc. for official results. I acknowledge that this waiver will be used by the event hosts and that it will govern my actions and responsibilities at this event and shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. DPJCC Program Policy and Liability Waiver Participation in any DPJCC activities and use of any recreational facilities involve a risk of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by the DPJCC, I/we as an individual and/or as a parent and/or legal guardian of the participants named herein, assume all risks and hazards incidental to the activities, and release from all responsibility and agree to indemnify and hold harmless the David Posnack Jewish Community Center, its officers, directors, independent contractors, volunteers and all employees for any illness or injury to me or my children and/or family members occurring during his/her/my/our participation in any activities or use of any recreational facilities at or conducted by the David Posnack Jewish Community Center. I/we hereby grant permission for the DPJCC and/or its agents to photograph and/or videotape the named registrant during his/her/my/our participation in activities or use of recreational facilities at the DPJCC. I further authorize the use of any such photos and/or videos for any promotional and/or documentary purpose without compensation. Please check the box below.

- I have read and agree to the DPJCC's policies on refunds, cancellations, credits and transfers and the DPJCC program policy and liability waiver.
- I/my Giborim family will participate in the 5K walk/run. Fee for entire family is \$50.
- I/we will not be participating.

Name	Age	Gender	T-shirt size	Name	Age	Gender	T-shirt size

Participant name: _____

Date: __/__/__

Signature/Guardian: _____

Date: __/__/__