



# SPONSORSHIP RESERVATION FORM

*(Please type or print information as it should appear on the event material and other Always Ready 5K recognition.)*

Personal Sponsorship     Corporate Sponsorship

Contact Name \_\_\_\_\_

Recognition Name for Print \_\_\_\_\_

Title \_\_\_\_\_ Company or Organization \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone (Day) \_\_\_\_\_ Email Address \_\_\_\_\_

## Level of Sponsorship *(Please Check One)*

- The Delaware (Premier) .....\$1,500     The Buddy System ..... \$250     Additional Race Entry .....\$35  
 The Diligence.....\$1000     The Mile Marker..... \$100     Additional Virtual 5k Runner .....\$35  
 The Munro ..... \$500     Donate \$ \_\_\_\_\_

*We waive all benefits associated with our chosen level of sponsorship (please initial) \_\_\_\_\_*

Form Completed By \_\_\_\_\_

Telephone (Day) \_\_\_\_\_

## Payment Information

- Check Enclosed *(Please make checks payable to: Cape May County Coast Guard Community Foundation)*  
 Visa             Mastercard             American Express             Discover

Credit Card Number \_\_\_\_\_

Expiration \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_

Return this form to Cape May County Coast Guard Community Foundation,  
P.O. Box 1365, Rio Grande, NJ 08242 or email to [info@coastguardcommunity.org](mailto:info@coastguardcommunity.org).



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P.O. Box 1365, Rio Grande, NJ 08242 or email to [info@coastguardcommunity.org](mailto:info@coastguardcommunity.org).

Host Company \_\_\_\_\_

Form Completed By \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ Email Address \_\_\_\_\_

**\*\*Please note that each Runner must sign the Liability Release Waiver.  
These forms may be returned with your Sponsorship or at Race Day Pick Up & Registration.**

## PLEASE CHECK YOUR SPONSORSHIP LEVEL FOR INCLUDED RACE ENTRIES

**RUNNER 1** \_\_\_\_\_ Age \_\_\_\_\_

Email \_\_\_\_\_

Shirt Size:

Small  Medium  Large  X-Large  2X-Large

**RUNNER 2** \_\_\_\_\_ Age \_\_\_\_\_

Email \_\_\_\_\_

Shirt Size:

Small  Medium  Large  X-Large  2X-Large

**RUNNER 3** \_\_\_\_\_ Age \_\_\_\_\_

Email \_\_\_\_\_

Shirt Size:

Small  Medium  Large  X-Large  2X-Large

**RUNNER 4** \_\_\_\_\_ Age \_\_\_\_\_

Email \_\_\_\_\_

Shirt Size:

Small  Medium  Large  X-Large  2X-Large

**RUNNER 5** \_\_\_\_\_ Age \_\_\_\_\_

Email \_\_\_\_\_

Shirt Size:

Small  Medium  Large  X-Large  2X-Large

## In-Kind Donations

The Foundation also grants recognition for in-kind donations of items we would otherwise purchase, including media placements, food/beverage, equipment rental and more. Each request is considered individually, and a level of recognition is mutually agreed upon. Please email us at [info@coastguardcommunity.org](mailto:info@coastguardcommunity.org). to discuss the possibilities.

*Thank you for your support of the Always Ready 5K and the Cape May County Coast Guard Community Foundation.  
We look forward to hitting the pavement with you!*



# LIABILITY RELEASE WAIVER

I, \_\_\_\_\_, intend to participate in the ALWAYS READY 5K to take place on October 15, 2022.

**Health.** I know that running a road 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. It is my choice to participate in this Run & Walk and I have received all information necessary to make an informed decision regarding said participation.

Initial \_\_\_\_\_

**Medical Care.** I hereby grant U.S. Coast Guard, USCG Training Center Cape May (“TRACEN”), and all TRACEN employees, agents and volunteers; Cape May County Coast Guard Community Foundation; Always Ready 5K; the City of Cape May; Cape May County; all event sponsors; and all their representatives and successors full authority to take whatever actions it may consider in its sole discretion to be warranted under the circumstances concerning my health and safety in the event of my injury and incapacitation incurred while participating in Always Ready 5K, and I fully release the above entities from any liability for such decisions or actions as may be taken in connection therewith. Furthermore, in the event of said injury and incapacitation onboard TRACEN, I authorize TRACEN at its discretion, to place me at my expense and without further consent, in a hospital that is readily available, or to place me in the hands of a local of military health care provider for first aid or treatment, should the need, arise at my expense.

Initial \_\_\_\_\_

**Limited Access.** I understand that while on U.S. Coast Guard, USCG Training Center Cape May (“TRACEN”), my access is limited only to those areas authorized for race participants. I agree that I am not authorized to enter any area not specifically designated for race participants and/or the public.

Initial \_\_\_\_\_

**Race Official Decision.** 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.

Initial \_\_\_\_\_

**Assumption of Risk.** I assume all risks associated with running in this event, including but not limited to: falls, physical contact with other participants, volunteers, race personnel, contract service providers, employees, and spectators including the potential the contraction of a communicable disease resulting from contact with other participants, volunteers, race personnel, contract service providers, employees, and spectators. I assume all risks including: the effects of the weather; high heat and/or humidity; freezing cold temperatures; traffic and the conditions of the road including surrounding terrain, possible noise, etc. I further agree to abide by the Center for Disease Control’s (CDC) recommendations for the prevention of the spread of the 2019 Novel Coronavirus Disease (COVID-19) and other communicable diseases, and I attest to having read the CDC’s

Initial \_\_\_\_\_

guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>. I assume all such risks being known, appreciated, and accepted by me.

**Prohibited Equipment.** I understand that bicycles, skateboards, roller skates or inline skates, animals, and personal music players are not allowed onboard TRACEN Cape May, and I will abide by all race rules. While baby joggers/strollers are not prohibited, any child must be fully strapped in while on TRACEN property. You also must sign an additional waiver for any minor, even in stroller, who will be on TRACEN property. Please note **“In Stroller”** after his/her name below.

Initial \_\_\_\_\_

**Waive and Release.** 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 U.S. Coast Guard, USCG Training Center Cape May, and all TRACEN employees, agents and volunteers; Cape May County Coast Guard Community Foundation; Always Ready 5K; the City of Cape May; Cape May County; all event sponsors; and all their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Initial \_\_\_\_\_

**COVID.** In addition, I acknowledge the contagious nature of COVID-19 and other communicable diseases and voluntarily assume the risk that I may be exposed to or infected by COVID-19 and/or other communicable diseases by participating in this event. I acknowledge that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 in connection with my participation in this event and personally assume this risk.

Initial \_\_\_\_\_

**Rights to Photos.** 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 purposes. 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.

Initial \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Parent/Guardian’s Signature if under 18 years: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_