

FIFTH ANNUAL JUSTIN CRUZ MEMORIAL RUN

5K RUN 2 MI WALK

SUNDAY NOV. 7, 2010

START TIME 9:30 AM

WALL TOWNSHIP MUNICIPAL COMPLEX



PRE-REGISTRATION UNTIL NOV. 1, 2010
ENTRY FEE: \$20.00 (\$10.00 AGE 12 AND UNDER)
POST-REGISTRATION FEE: \$25.00 (\$15.00 UNDER 12)
AFTER NOV. 1ST AND RACE DAY
POST REGISTRATION BEGINS 8 :15 AM

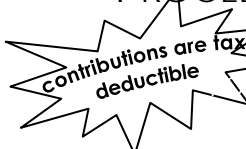
AWARDS IMMEDIATELY FOLLOWING

EARLY PICK-UP SATURDAY NOV. 6, 10 AM – 12 NOON
WALL COMPLEX RED BARN

5 k Run
Top 3 Overall Male/Female

Top 3 Male/ Top 3 Female::
12 and under 13- 19 years
20-29 years 30-39 years
40-49 years 50-59 years
60-69 years 70-79 years
80 years and above
2 mile Walk
Top 3 males Top 3 Females

PROCEEDS WILL BENEFIT THE JUSTIN CRUZ SCHOLARSHIP FOUNDATION (501C3)
FOR HIGH SCHOOL SENIORS WHO HAVE PLAYED SOCCER.



QUESTIONS OR MORE INFORMATION? PLEASE CONTACT MICHELE CRUZ (732) 223-2206
OR VISIT [HTTP://WEB.MAC.COM/JUSTINLOVE17](http://web.mac.com/justinlove17) OR [WWW.JERSEYRUNNER.COM](http://www.jerseyrunner.com)

CHECKS PAYABLE TO: "JUSTIN CRUZ SCHOLARSHIP FOUNDATION"; 1405 WINESAP DR. MANASQUAN, NJ 08736

JUSTIN CRUZ MEMORIAL RUN 2010

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY/STATE _____

AGE ON RACE DAY _____ MALE FEMALE PHONE (____) _____ - _____

SHIRT SIZE: XXL XL L M S RACE ENTERING: 5K RUN 2 MILE WALK

INCOMPLETE OR UNSIGNED FORMS WILL NOT BE ACCEPTED

I KNOW THAT RUNNING A RACE IS A POTENTIALLY HAZARDOUS ACTIVITY AND THAT I SHOULD NOT ENTER AND RUN UNLESS I AM MEDICALLY ABLE AND PROPERLY TRAINED. I AGREE TO ABIDE BY ANY RACE OFFICIAL RELATIVE TO MY ABILITY TO SAFELY COMPLETE THE RUN. I ASSUME ALL RISKS ASSOCIATED WITH RUNNING THIS EVENT INCLUDING BUT NOT LIMITED TO FALLS, CONTACTS WITH OTHER PARTICIPANTS, THE EFFECT OF THE WEATHER, INCLUDING LOW OR HIGH HUMIDITY, TEMPERATURE, THE CONDITIONS OF THE COURSE, ALL SUCH RISKS BEING KNOWN AND APPRECIATED BY ME. HAVING READ THIS WAIVER AND KNOWING THESE FACTS AND IN CONSIDERATION IN ACCEPTING MY ENTRY, I, MYSELF AND ANYONE ENTITLED TO ACT ON MY BEHALF WAIVE AND RELEASE THE TOWNSHIP OF WALL, ITS DEPARTMENTS AND EMPLOYEES, WALL SOCCER CLUB, AND JUSTIN CRUZ SCHOLARSHIP FOUNDATION, ITS OFFICERS, MEMBERS, AND RACE VOLUNTEERS, AND ALL SPONSORS, THEIR REPRESENTATIVES, FROM ANY AND ALL CLAIMS AND LIABILITIES OF ANY KIND ARISING OUT OF MY PARTICIPATION IN THIS EVENT OR CARELESSNESS OF THE PERSONS NAMED IN THIS WAIVER. FURTHER, I GRANT TO ALL OF THE FOREGOING OR USE ANY PHOTOGRAPHS, MOTION PICTURES, RECORDINGS OR ANY OTHER RECORD OF EVENT FOR LEGITIMATE PURPOSES. I UNDERSTAND THIS EVENT WILL BE HELD RAIN OR SHINE/ NO REFUNDS WILL BE ISSUED.

SIGNATURE _____

DATE ____/____/____

IF UNDER 18, PARENT OR GUARDIAN MUST SIGN

VOLUNTEERS & SPONSORS NEEDED. CALL OR VISIT WEB ADDRESS FOR MORE INFORMATION