

29th ANNUAL AVALON 5 MILER

AVALON RECREATION 5-MILE RUN and 2-MILE WALK

To Benefit

CONTACT Cape-Atlantic

Providing Telephone Reassurance

&

Community Support for the Elderly
and Disabled

Saturday, July 11, 2009

Start: 8:00 a.m.

Registration: 7:00 a.m.

Avalon Community Hall
30th & Avalon Avenue, Avalon, NJ

DONATION: \$15 PRE-REGISTRATION
\$18 RACE DAY

FOR MORE INFO. CALL:

(609) 823-1850 or (609) 463-4564

e-mail: ann_magee@comcast.net

website: www.contactcapeatlantic.org

REGISTRATION FORM:

NAME: _____ PHONE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

SEX: _____ AGE RACE DAY: _____ e-mail: _____

SHIRT SIZE: S () M () L () XL ()

T-SHIRTS TO FIRST 125 REGISTERED

I WILL PARTICIPATE IN THE: 5-MILE RUN _____ 2-MILE WALK _____

IN CONSIDERATION OF ACCEPTING THE ENTRY, I, THE UNDERSIGNED, INTENDING TO BE LEGALLY BOUND, HEREBY, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR LOSSES AND DAMAGES I MAY HAVE AGAINST CONTACT CAPE-ATLANTIC OR THE BOROUGH OF AVALON..... AND ALL OTHER PARTIES AND THEIR REPRESENTATIVES, SUCCESSORS, AND ASSIGNS FOR ANY AND ALL INJURIES SUFFERED BY ME IN SAID EVENT. I ATTEST AND VERIFY THAT I AM PHYSICALLY FIT AND HAVE SUFFICIENTLY TRAINED FOR THE COMPLETION OF THIS EVENT AND MY PHYSICAL CONDITION HAS BEEN VERIFIED BY A LICENSED MEDICAL DOCTOR, I GRANT FULL PERMISSION TO ALL FOREGOING TO USE PHOTOGRAPHS, VIDEOTAPES, MOTION PICTURES, RECORDINGS OR ANY OTHER RECORDS OF THIS EVENT FOR ANY PURPOSE.

SIGNATURE: _____ DATE: _____

(PARENT/GUARDIAN MUST SIGN IF ENTRANT IS UNDER 18)

MAKE CHECKS PAYABLE TO: CONTACT Cape-Atlantic
P.O. Box 296
Somers Point, NJ 08244