

SPECIAL - 2010 NJ Marathon Relay Application - SPECIAL

To participate in the NJ Marathon Relay for ASLAN Youth Ministries, please carefully complete the following form and mail to: ASLAN, PO Box 270, Red Bank, NJ 07701



Event Date: Sunday, May 2, 2010

Start Time: 9:00 AM

Where: Long Branch, NJ

TEAM CAPTAIN Full Name (please print): _____

Mailing Address: _____

City: _____ **State:** ____ **Zip:** _____

E-mail Address: _____ **(please be very neat)**

Phone #: _____ **(d);** _____ **(n)**

Gender: M F **Birth date:** __ / __ / __ ; **Age (on Race Day):** ____

My Bib Name (Max. 10 characters): _____ **(Deadline: April 1)**

My Predicted Finishing Time: ____:____



Team Member #2 (Print): _____ **Gender:** __; **Age (on Race Day):** __ **T-Size:** XS S M L XL 2XL

Team Member #3 (Print): _____ **Gender:** __; **Age (on Race Day):** __ **T-Size:** XS S M L XL 2XL

Team Member #4 (Print): _____ **Gender:** __; **Age (on Race Day):** __ **T-Size:** XS S M L XL 2XL

Team Category (Select One)

- 1. Open Male
- 2. Open Female
- 3. Open Mixed (at least one female)
- 4. Masters Male (all 40 and older)
- 5. Masters Female (all 40 and older)
- 6. Masters Mixed (at least one female)
- 7. Long Branch Residents
- 8. Monmouth Beach Residents
- 9. Oceanport Residents

Please Note:

Your completed, and signed, race application will be accepted only after you have made a commitment to raise a minimum amount of money, as specified by: ASLAN Youth Ministries

The MINIMUM Commitment for this race is: **\$500**

WAIVER

I know that participating in the Long Branch Marathon is a potentially dangerous activity. I should not enter and participate unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the Marathon. I assume all risks associated with the Marathon including, but not limited to, falls, contact with other participants, the effect of the weather, including extreme heat, extreme cold, and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of accepting my application, I, for myself and anyone entitled to act on my behalf, waive and release United Health Care, the Road Runners Club of America, the NJRRC, DBO Acquisition, LLC., NJM Acquisition, LLC., the City of Long Branch, Borough of Monmouth Beach, Borough of Oceanport, County of Monmouth, Pier Village, Ocean Place Resort, and their respective agencies, employees, and directors, volunteers, trustees, representatives and agents, USA Track and Field and its constituent chapters, and all sponsors, their representatives and successors from all claims and liabilities of any kind arising out of my participation in the Marathon even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use recordings of any type of the Marathon for any legitimate purposes.

Signature (Parent Signature): _____ **Date:** _____