

SPECIAL- 2011 LB Half Marathon Relay Application –SPECIAL

To participate in the Long Branch Half Marathon Relay for **Autism Family Times**, please print this form, complete, sign and send it to: **Autism Family Times, P.O. Box 24, Fanwood, NJ 07023-0024**



Event Date: Sunday, May 1, 2011

Start Time: 8:30 AM

Where: Long Branch, NJ

Team Captain Full Name (please print): _____

Mailing Address: _____

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

Email Address: _____ (please be very neat)

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

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

Team Name (Max 15 characters): _____ (Deadline: April 1)

My Predicted Finish Time: ___:___ **Team Category # from below:** _____

Emergency Contact Name: _____; **Phone #:** _____

Event Tee size (please circle): XS S M L XL 2XL

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

Team Category (Select One)

- | | |
|--------------------------------------|--|
| 1. Open Male | 6. Masters Mixed (at least one female) |
| 2. Open Female | 7. Long Branch Residents |
| 3. Open Mixed (at least one female) | 8. Monmouth Beach Residents |
| 4. Masters Male (all 40 and older) | 9. Oceanport Residents |
| 5. Masters Female (all 40 and older) | 10. Corporate |

Please Note:

Your completed, and signed, race application will be accepted by the race committee only after your team has made a firm commitment to **Autism Family Times** to raise at least **\$300 per team**, as specified by the charity.

WAIVER

I know that participating in the Long Branch Half Marathon Relay 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.

I am aware that the finish line will close at 12:00PM (3 1/2 hour time limit).

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

Team Member #2 Signature (Parent Signature): _____ **Date:** _____

