

Special-2010 NJM Application-Special

To participate in the New Jersey Marathon as part of TEAM KORTNEY please carefully complete the following form, print and mail to: **The Kortney Rose Foundation-41 Summerfield Ave., Oceanport, NJ 07757.**

Event Date: Sunday, May 2, 2010

Start Time: 9:00 AM

Where: Long Branch, NJ



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 and spaces): _____ (Deadline: April 1)

My Predicted Finishing Time: ____:____

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

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

Entry Fees

\$90.00 for TEAM KORTNEY members.

Make Check Payable to The Kortney Rose Foundation and mail with completed entry to 41 Summerfield Ave., Oceanport, NJ 07757.

We are asking that you please **raise \$500 for our foundation mission of funding pediatric brain tumor research and awareness. Your entry fee goes toward your fundraising total.** All checks should be made out to The Kortney Rose Foundation and sent to the same address as your application.

www.thekortneyrosefoundation.org-Team Kortney tab

- ◆ **No change of event after April 1, 2010!**
- ◆ **Package pick up TBA**
- ◆ **Entry fee is nonrefundable.**

Total Amount Enclosed: _____

Make check out to: The Kortney Rose Foundation

Mail to: 41 Summerfield Ave., Oceanport, NJ 07757
Call Kristen Gillette for information 732-222-1491.

WAIVER

I know that participating in the New Jersey 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, NJM Acquisition, LLC., BDO 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 entry fee is nonrefundable. I am also aware that the first loop must be completed in 3 hours 15 minutes and the marathon course will open to traffic by noon and that the finish line will close at 3:30PM (6 1/2 hour time limit).**

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