

SPECIAL - 2010 LBH Application - SPECIAL

To participate in the Long Branch Half Marathon as part of TEAM KORTNEY for The Kortney Rose Foundation 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): _____ (Deadline: April 1)

My Predicted Finishing Time: ____:____

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

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

Registration Fees

\$70.00 per registrant. Make check out to The Kortney Rose Foundation. Will go toward your fundraising commitment of \$250 per half marathoner.

Please help us in our quest to fund research for pediatric brain tumors and help to raise awareness.

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

Total Amount Enclosed: \$70 (applied toward fundraising goal)

Make check out to: The Kortney Rose Foundation-Team Kortney

Mail to: 41 Summerfield Ave., Oceanport, NJ 07757

Call Kristen Gillette with any questions 732-222-1491

WAIVER

I know that participating in the Long Branch Half 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:** _____