

# Special -2010 NJ Marathon Relay Application-Special

To participate in the NJM Relay 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



**(Team Captain) or 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):** \_\_\_\_

**Team Name for Bib (Max. 10 characters and spaces):** **\_TEAM KORTNEY**

**Team Category # (see below):** \_\_\_\_ **Individuals choose your distance:(circle one) 9.4 3.5 9.6 3.7**  
*\*We will make every effort to give you the leg you choose and will notify you of any changes*

**Emergency Contact Name:** \_\_\_\_\_ ; **Phone #:** \_\_\_\_\_

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

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

**Entry Fees:**

- ◆ 200.00 for a team of 4- \$50 each and each team member is asked to please raise \$125 for The Kortney Rose Foundation. Your entry fee may be applied to the fundraising total.
- ◆ Checks made out to The Kortney Rose Foundation and mailed to 41 Summerfield Ave., Oceanport, NJ 07757
- ◆ Contact Kristen Gillette with any questions (732)222-1491.

**Total Amount Enclosed:** \_\_\_\_\_

**Make check out to:** The Kortney Rose Foundation

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

◆ Changes must be made in writing by April 1.

**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

1. Open Male
2. Open Female
3. Open Mixed (at least one female)
4. Masters Male (all 40 and older)

**Team Category (Select One)**

5. Masters Female (all 40 and older)
6. Masters Mixed (at least one female)
7. Long Branch Residents
8. Monmouth Beach Residents

I know that participating in the NJM 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, BDO 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 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 soon after noon and that the finish line will close at 3:30PM (6 1/2 hour time limit)

**Signature (Parent Signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_