

Event Day Registration \$20

Last Name

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Home Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

Zip Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E-mail _____

Check payable to: SHORE A.C.

Fist Name

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City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Age

Gender

Bib Number

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Check off your T-Shirt Size:

S _____ M _____ L _____ XL _____

ALUMNI CROSS COUNTRY RUN

I know that running/walking a race is a potentially hazardous activity and that I should not enter and take part unless I am medically able & properly trained. I understand that I'm waiving my rights to sue by signing this form. I have knowledge of risks involved both seen and unseen. In consideration of your accepting my entry, I myself and anyone else entitled to act on my behalf waive and release Shore AC, City of Asbury Park, and all event officials & volunteers for any claims, demands or causes out of my participation.

Signature _____

(Parent or guardian if under 18 years of age)