

FRIENDS OF THE MONMOUTH COUNTY PARKS

4TH ANNUAL

# Donna Lane 5k Memorial Run/Walk



**SUNDAY, APRIL 25TH, 2010**

**9AM START CHECK IN: 8-8:45AM**

Thompson Park, Rt. 520,  
Lincroft, NJ 07738

## AWARDS:

Top 3 male & female overall\*

Age groups: U 13, 14-19, 20-29, 30-39, 40-49, 50-59,  
60-69, 70-79, 80- +

Special prize for oldest and youngest participants, male  
& female.

**Plus** Top 3 male & female walkers overall\*\*

Commemorative Race T-Shirts while supplies last

**\* No duplicate awards \*\* Must be registered as Walker**

## ENTRY FEES

Pre-Registration by April 19th: \$20.00

After April 19th: \$25.00

Register online at [www.RaceForum.com/lane](http://www.RaceForum.com/lane)

Credit card payments accepted by  
calling the Friends office, 732-975-9735

Make checks payable to: Friends of the Parks

Mail to: Friends of the Parks

P.O.Box 686

Lincroft, NJ 07738

If you would like to volunteer for this event or have questions, please contact  
Maria Wojciechowski @ 732-975-9735 | [mcwojciec@monmouthcountyparks.com](mailto:mcwojciec@monmouthcountyparks.com)

## REGISTRATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (day time) \_\_\_\_\_ e-mail \_\_\_\_\_

M\_\_\_\_ F\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ RACE DAY AGE \_\_\_\_\_

Adult Shirt Size S M L XL

\_\_\_WALKER \_\_\_RUNNER \_\_\_ I CANNOT ATTEND BUT WOULD LIKE TO MAKE A DONATION

## WAIVER

*Please Read Carefully and Sign*

In consideration of the acceptance of my application for entry in the Donna Lane 5K Memorial Run/Walk, I, the undersigned, voluntarily intend to legally bind myself, my heirs, executors, and administrators, hereby waive, release and hold harmless the Friends of the Park; Monmouth County Board of Recreation Commissioners; Monmouth County Board of Chosen Freeholders; the municipalities of Lincroft and any person or entity associated with the race from any claims for damages of any nature arising out of my participation in the event. I accept and voluntarily assume any and all risks of harm associated with my participation.

I recognize that I must be in good health and of sufficient training and experience in order to participate in the event. I further state that my ability to participate in and successfully compete in this event has been confirmed by a qualified, licensed physician. I also give permission for the use, without fee, of my name and picture in any broadcast, telecast or print media account of this event for promotional and publicity purposes. I further acknowledge that I have read and accepted these conditions under which my entry is made.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or guardian's signature, if under 18 \_\_\_\_\_ Date \_\_\_\_\_