

**Date & Location:**

June 26, 2012 7:00PM  
350 Broad St, Summit, NJ

**Entry Fees: Non-refundable**

Early Registration by 6/14 - \$25  
After 6/14 & Race Day - \$30  
USATF-NJ Members until 6/14 - \$18

**Online Registration & Donations:**

<https://runsignup.com/Race/?raceId=1594>

**computer Timing:**

Chip Timing  
Best Racing Systems  
Results: [www.bestrace.com](http://www.bestrace.com)

**Course**

USATF Certified/Sanctioned  
NJ Grand Prix 500 Points  
Water stops on course and at finish

**Schedule:**

5:30pm - Packet Pick-up & Registration  
7:00 pm – Race Start  
8:00pm– Awards

**Awards:**

1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> Overall Male/Female  
1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> in 10 yr age groups  
14yrs. & Under, 15-19, 20 to 80+

**Amenities:**

Technical T-shirt to all pre-registered,  
others while supplies last.  
Post race refreshments

**Early Packet Pick-Up**

Summit Running Company  
355 Springfield Ave. Summit  
6/23 – 6/25 - 11:00am-6:00pm  
Tuesday, 6/26 - 10am – 3pm

**Parking Information:**

<http://www.summitdowntown.org/content-list/customer-parking/>

# Overlook Medical Center 5K

Presented by  
**The Summit Running  
Company**

**Tuesday, June 26, 2012 7:00PM**

**To Benefit: SUMMIT PAL &**

**The Brain Aneurysm Fund at the  
Overlook Neuroscience Center**

The Summit Police Athletic League is a non-profit charitable organization run by a volunteer board that is comprised of Summit residents and dedicated Summit Police Department officers. The Summit P.A.L. underwrites or runs numerous programs throughout the year for the benefit of the youth of Summit, including the nationally recognized D.A.R.E. program. Our goal of the Summit PAL is to promote activities that foster lifelong health, community spirit and a feeling of goodwill and awareness between the children and police officers.



## Official Entry Form

**Mail check and form to:**

**Overlook 5K 99 Beauvoir Avenue Summit, NJ 07901**

**Information Contact: [racedirector@therunningcompany.net](mailto:racedirector@therunningcompany.net)**

**Make checks payable to: Overlook Foundation**

**Please consider including a \$25 donation with your registration.**

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

Email \_\_\_\_\_ Donation: \$ \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DOB \_\_\_\_\_ Age on Race Day \_\_\_\_\_ Sex M F USATF-NJ # \_\_\_\_\_ T-Shirt – AS AM AL AXL

Please read carefully and sign Release and Waiver of Liability: I know that running a road race is a potentially hazardous activity and that I should not enter and run unless I am medically able and properly trained. I agree to abide by any race official relative to my ability to safely complete the run. I assume all risks associated with running this event including but not limited to falls, contact with other participants, the effect of the weather, traffic and the conditions of the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, myself and anyone entitled to act on my behalf, waive and release Overlook Hospital, The Running Specialty Group, Race Director, all race volunteers and all sponsors, their representatives, employees and successors from any and all claims and liabilities of any kind arising out of my participation in this event or carelessness of the person named in this waiver. Furthermore, I grant to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for legitimate purposes.

Signature(Parent or Guardian if Under 18) \_\_\_\_\_ Date \_\_\_\_\_



