

WALDWICK *Chamber of Commerce*



5K RUN AND 1 MILE WALK

**Goody bags,
post race
refreshments**

**Race results
will be
available on
www.Bestrace.com**

**Rain or shine
No refunds
will be given**

**Proceeds to benefit
the Waldwick
Ambulance Corps,
Waldwick
Community
Alliance and town
beautification
projects**

Date: April 26, 2009
Location: Waldwick High School Track & Field
Registration: 7:30 a.m. – 8:45 a.m. at the Waldwick High School Track Wyckoff Avenue & Hopper Avenue
Race Time: 5K Race: 9:00 a.m.
1 Mile Fun Walk: 9:30 a.m.
Course: 5K certified course and sanctioned by the USATF
Course Description: Fast, rolling hills, scenic park, track finish
5K Entry Fees: \$15.00 pre-race fee received by April 1st
\$20.00 registration received by April 18th
\$25.00 registration after April 18th or on day of race
Race day T-shirt to all pre-registrants and post-registrants (while supplies last)
1 Mile Fun Walk: \$8.00 received by April 1st
\$10.00 after April 1st and on day of race

*No pets, roller blades, bikes, or skateboards during the 5K Run
Strollers will be permitted during the 1 Mile Fun Walk*

**We are
collecting
canned food for
Emmanuel
Cancer
Foundation**

OFFICIAL ENTRY FORM ON LINE APPLICATION AVAILABLE AT raceforum.com ONE ENTRY PER APPLICATION

WHICH EVENT(S) WILL YOU BE PARTICIPATING IN: 1 MILE FUN WALK 5K RACE

PLEASE CHECK T-SHIRT SIZE: S M L XL

Last Name _____ First Name _____
 Address (street) _____
 Town _____ State _____ Zip _____
 Phone _____ E-Mail _____
 Sex M / F _____ Age (on race day) _____ Birthdate _____

Waiver: Please Read Carefully and Sign: In consideration of the acceptance of the application for entry in the Waldwick Chamber of Commerce 5K Run and 1 Mile Fun Walk, I the undersigned, intending to legally bind myself, my heirs, executors and administrators, hereby waive, release and hold harmless the Waldwick Chamber of Commerce, the Borough of Waldwick, race sponsors, and any person or entity associated with the race from any claims for damages of any nature arising out of my participation in this event. Further, I recognize that I must be in good health and of sufficient training and experience in order to participate in the event. 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 or publicity purposes. I further acknowledge that I have read and accept these conditions under which my entry is made.

Participant's Signature _____ Date _____
 Signature of Parent or Guardian if child is under the age of 18 _____

Make checks payable to: WCOB
Mail Form and Entry Fee to: Waldwick Chamber of Commerce
P.O. Box 323
Waldwick, NJ 07464

Contact & Registration Drop-Off: Barbara Jackson
Kallman Travel
20 Harrison Avenue, Waldwick, NJ
201-652-0547 / www.KallmanTravel.com

Additional Information & Directions on www.waldwickchamberofcommerce.com