

2011 NJM Application

To participate in the New Jersey Marathon please carefully complete the following form, print and mail to:
NJM Registration, PO Box 198, Oceanport NJ 07757.

Event Date: Sunday, May 1, 2011

Start Time: 8:00 AM

Where: Long Branch, NJ



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):** ____

My Bib Name (Max. 10 characters and spaces): _____ (Deadline: April 1)

My Predicted Finishing Time: ____:____

Emergency Contact Name: _____; **Phone #:** _____

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

Entry Fees

- ◆ \$80.00 (postmarked by 9/30/10)
- ◆ \$85.00 (postmarked by 10/31/10)
- ◆ \$90.00 (postmarked by 11/30/10)
- ◆ \$95.00 (postmarked by 12/31/10)
- ◆ \$100.00 (postmarked by 1/31/11)
- ◆ \$105.00 (postmarked by 2/28/11)
- ◆ \$110.00 (postmarked by 3/31/11)
- ◆ \$115.00 (after 3/31/11)

Please add \$5.00 as a manual processing fee on top of each price above.

- ◆ **No change of event after April 1, 2011!**
- ◆ **There is no packet pick-up (bib/chip/Tee) on Marathon Sunday.**
- ◆ **Entry fee is nonrefundable.**
- ◆ **Application will be denied without \$5 processing fee**

Total Amount Enclosed: _____

Make check out to: NJM Acquisition, LLC.

Mail to: PO Box 198, Oceanport, NJ 07757

WAIVER

I, the undersigned, know that participating in the New Jersey Marathon 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, NJM Acquisition, LLC., BDO Acquisition, LLC., the City of Long Branch, Borough of Monmouth Beach, Borough of Oceanport, Borough of Deal, Borough of Allenhurst, Village of Loch Arbour, City of Asbury Park, Ocean Grove, County of Monmouth, Pier Village, Ocean Place Resort, and their respective agencies, employees, officers, managers, 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 and that the finish line will close at 2:30PM (6 1/2 hour time limit).

Signature (Parent Signature): _____ **Date:** _____