

# TWENTIETH ANNUAL Mayor's Labor Day Race For Health and Fitness



WHEN: MONDAY, SEPTEMBER 6, 2010

TIMES:

9:00am 5 mile beach run

1 mile walk/run will start immediately following the 5 mile run start

**REGISTRATION:**

\$18.00 PRE-REGISTRATION

20TH Annual Race T given to pre-registered runners

\$ 10.00 14 & under & X-country team members

\$20.00 RACE DAY REGISTRATION

AT 23RD ST BEACH

Beginning at 7:30 am

MAKE CHECK PAYABLE TO

CITY OF OCEAN CITY

MAIL CHECK AND ENTRY FORM TO:

O.C. AQUATIC & FITNESS CENTER

c/o Mayor's Race

1735 Simpson Ave.

OCEAN CITY, N.J. 08226

ALL PARTICIPANTS MUST BE CHECKED

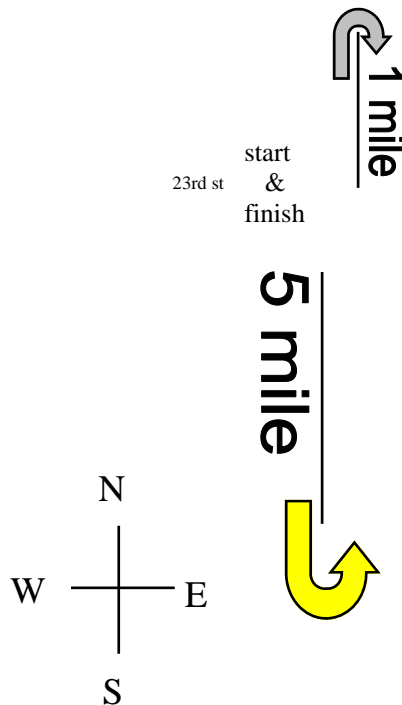
IN BY 8:30AM AT THE 23 RD ST BEACH

**COURSE:**

5 MILE BEACH RUN WILL START AND FINISH AT 23RD. STREET BEACH

1 MILE HEALTH WALK/ RUN WILL START AND FINISH AT 23RD STREET BEACH

**RACE ROUTE:**



SPECIAL THANKS  
TO OUR SPONSORS

Thomas H. Heist Insurance

Port-O-Call  
Impala Island Inn

**AWARDS:**

5 MILE BEACH RUN

— TOP MALE AND FEMALE FINISHER WILL RECEIVE A TWO NIGHT STAY AT AN OCEAN CITY AREA HOTEL

AWARDS TO THE TOP 3 FINISHERS IN EACH AGE GROUP:

14 & under	40 - 44
15 - 19	45 - 49
20 - 24	50 - 54
25 - 29	55 - 59
30 - 34	60 - 69
35 - 39	70 & UP

PARTICIPATION RIBBONS FOR THE 1 MILE HEALTH WALK/RUN

**Awards ceremony, door prizes and refreshments following the races.**

FOR FURTHER INFORMATION

CALL (609) 525-9317 OR e-mail lrumer@ocnj.us

Race Website: [www.ocnj.us](http://www.ocnj.us) or

[www.lmsports.com](http://www.lmsports.com)

**MAYOR'S LABOR DAY  
RACE FOR HEALTH  
AND FITNESS**

**5 MILE BEACH RUN  
1 MILE HEALTH WALK/**



**SEPTEMBER 6, 2010**

**9 A.M.**

**Ocean City, NJ**



Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M or F  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have as a result of participating in the event against the City and its officers, agents, servants and employees.

I do hereby fully release and discharge the City and its officers, agents, servants and employees from any claims from injuries, damage or loss which I may have or which may accrue to me arising out of, connected with, or in any way associated with the activities of the event.

I further agree to indemnify and hold harmless and defend the City and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me arising out of, connected with, or in any way associated with the activities of the event.

I have read and fully understand the above Event Details, Waiver and Release of all claims and permission to Secure Treatment.

Name (Please print) \_\_\_\_\_

Signature: \_\_\_\_\_  
(Parent/Guardian if under 18)

Date \_\_\_\_\_

E-mail \_\_\_\_\_