

NINETEENTH ANNUAL

Mayor's Labor Day Race

For Health and Fitness



WHEN: MONDAY, SEPTEMBER 7, 2009

TIMES:

9:00am 5 mile beach run

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

REGISTRATION:

\$15.00 PRE-REGISTRATION

Tank top 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

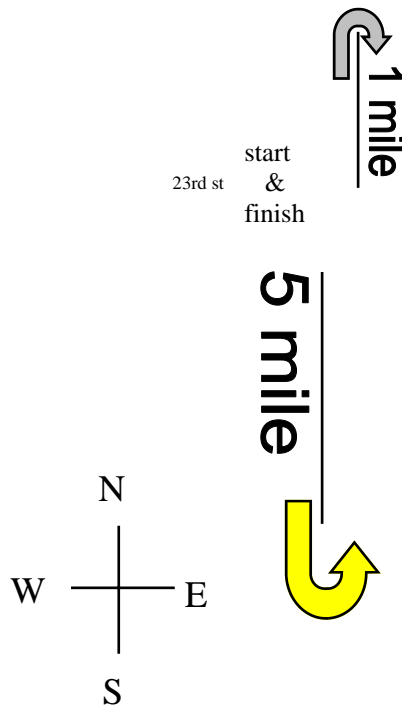
ALL PARTICIPANTS MUST BE CHECKED

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

TD Bank
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 or

www.lmsports.com

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

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



**SEPTEMBER 7, 2009
9 A.M.**



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 _____