



***Maryville and Black Rock Foundation  
4th Annual Race for Recovery  
5K Race and Fun Walk  
USATF certified event***

***Sunday, September 19, 2010 at 9:00am  
Cooper River Park  
North Park Drive  
Pennsauken, NJ***

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

Gender (check one): MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Adult Shirt Size (check one): S: \_\_\_\_\_ M: \_\_\_\_\_ L: \_\_\_\_\_ XL: \_\_\_\_\_ XXL: \_\_\_\_\_

Registration Fee: \$25 (day of race) \$20 (pre-registration discount) \$15 (ages 13 - 17 discount)

Make payable and mail to Maryville Amount Enclosed: \_\_\_\_\_ Check #: \_\_\_\_\_

1903 Grant Avenue  
Williamstown, NJ 08094

Or Register Online @ [www.maryvillenj.org](http://www.maryvillenj.org)

This release and waiver is executed on this date: September 19, 2010. Knowingly, and at my own risk, I am participating in the Race for Recovery. I do hereby waive release any and all claims against Black Rock Foundation and L&M Sports, all event sponsors and any employee, volunteer, or officials of these organizations from any claim of injury (including death) that I may incur as a result of my participation in the event. I further hereby certify that I have full knowledge of the risks involved in this event, and I am physically fit and sufficiently trained to participate. If, however, as a result of my participation in the Race for Recovery, I require medical attention, I hereby give consent to authorize medical personnel to provide such medical care as deemed necessary.

\_\_\_\_\_  
Signature of Participant or Legal Guardian if under 18

\_\_\_\_\_  
Date