



LORD STIRLING SCHOOL & THE AMAZING FEET RC

Present the 25th Annual

GREAT SWAMP DEVIL RUN

Sunday, November 19, 2017

5K - 11:00 AM
15K - 11:00 AM

A Race to Support: The Lord Stirling School a nonprofit organization.
Serving at risk youth for over 50 years.

Location: Lord Stirling School 99 Lord Stirling Rd, Basking Ridge, NJ 07920

REGISTRATION FEES & INFO:

Pre-Registration - (Register by Nov. 15) -5K- \$25.00 15K \$30.00

Registration - (Day of Race -Nov 19 9AM for 5k and 15k) - 5K- \$30.00 15K- \$35.00

USATF-NJ Athletes save \$3.00 if registered by Nov 15, 2016
Applications & Directions can be obtained at www.lordstirling.org

Online Registration at www.Compuscore.com

Please make checks payable to Lord Stirling School
Mail Entry form & fee to: Lord Stirling School, Swamp Devil Race,
PO Box 369 Basking Ridge, NJ 07920 PH: 908.766.1786



USATF NEW JERSEY

500 Point Event



North Jersey

2017

Grand Prix

Commemorative Long Sleeve T-Shirt Guaranteed to Pre-Registered Runners Only

Entry & Release Form

Circle one race only:

15K Race 5K Race

Please circle one: Male Female

Last Name First Name

Mailing Address Street Apt or Unit #

City State (or county if not USA) Zip Code

Daytime Phone Email Address 2017 USATF-NJ #

Circle T Shirt Size: S M L XL Age on Race Day Date of Birth

In consideration of your accepting this entry, I the undersigned, intending to be legally bound for myself, executors and administrators, waive any all rights and claims for damage and injury I may have against the Lord Stirling Schools, Inc., Bernards Twp, Long Hill Twp, USATF-NJ and any and all sponsors and their agents, representatives, servants, successors, and assigns and all other persons or entities involved in the promotion and staging of this Nov 19, 2017 5K and 15K race, for any and all injuries suffered by me in said event. I attest and verify that I will participate in this event as a footrace or walker entrant that I am physically fit and have trained sufficiently for the competition of this event my physical condition has been verified by a license Medical Doctor. Further, I hereby grant full permission to any and all the foregoing to use any photographers, video tapes, motion pictures, recordings, or any other record of this event for any legitimate purpose.

Signature Date

Parental or guardian consent required if under 18