

3rd Annual LCA 5K Walk/Run

Saturday, May 5, 2012

2012 Walk/Run Entry Form

Registration 8:30 Race Time 9am

Location: Course Begins at LCA Parking Lot (Park at the church please),
course will be marked for 5K (3.1 miles)

Entry Fee: \$25 per walker/runner \$20 for participants under 14.

Prizes will be awarded

** Please note that event shirts are only guaranteed to those who pre-register by April 25th**

Please complete one form per runner/walker. Be sure to check off your shirt size.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Age on Race Day: _____ Gender: M F

Shirt Size: ___ Youth Medium Adult ___ Sm ___ M ___ L ___ XL ___ XXL

Waiver Must Be Read and Signed Before Mailing: As a participant in the LCA 5K Fun Run and all it's activities on 5/5/12, I know that running is a potentially hazardous activity.. I should not enter or run in this event 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 run. I assume all risks associated with running in this race including, but not limited to falls, contact with other participants, insect bites, the effects of weather including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your acceptance of my application, I for myself and anyone entitled to act on my behalf, waive and release Lighthouse Christian Academy and Manahawkin Baptist Church and all sponsors, organizers and volunteers of this event, their representatives and successors, from all claims of liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the person(s) named in this waiver.

Participant Signature (if under 18 Parent/Guardian) _____

Date _____

----- Enclosed please find payment of \$ ----- in a check made payable to "LCA" OR

----- Please charge my ___ Visa ___ Mastercard

Number ----- Security Code -----

Exp.Date ----- Total Amount to Charge \$ -----

** Please submit with payment to : LCA 400 Beach Ave. Manahawkin NJ 08050

or

Register online at www.southjerseymultisport.com

