

## Cpl. Marc T. Ryan Memorial 5K Run/Walk Run For The Fallen

## Sponsored by Marine Corps-Law Enforcement Foundation

Date: November 16, 2013 Time: 9:00 a.m. "Rain or Shine"

Race Day Registration - 7:30 a.m. · On-Line Registration Preferred · Pre-Registration Requested

Pre-Registration by Mail: Complete entry form and mail along with check payable to:

MC-LEF (on the memo line write "Cpl. Ryan 5K Run/Walk")

Must be postmarked by 11-09-2013 - Online Registration Deadline is 11-14-2013

Mail to: MC-LEF/Cpl. Ryan 5K Run/Walk PO Box 704 Maple Shade, NJ 08052

For race info go to: <a href="https://www.LMsports.com">www.LMsports.com</a> - <a href="https://www.mcstriotconnections.org/marcryan">www.mcstriotconnections.org/marcryan</a> - <a href="https://www.mcstriotconnections.org/marcryan</a> - <a href="https://www.mcstriotconnections.org/

New This Year! Race day registration 7:30 am at VFW 27-29 N. Burlington St. Gloucester City, NJ 08030.

The Race Starts at Max's/VFW/Sportsman AC N. Burlington and Hudson Streets.

USATF Certified Course, Professionally Timed.

Long Sleeve Colored T-Shirts, Food and Beverages for the first 300 Registrants or while it lasts. After Race block celebration, Cpl. Ryan Tribute, Big Jim dedication, Honor Roll call

## **Categories of Awards:**

Cash Awards: Overall Male and Female - \$100.00 - 1st \* \$75.00 - 2nd \* \$50.00 - 3rd

Age Groups; 1st, 2nd, 3rd - M&F - 14-Under, 15-19, 20-29, 30-39, 40-49, 50-59, 60 +

Special Categories: Military, Male/Female, 1st, 2nd, 3rd

Public Safety Personnel (Law Enforcement, Fire Fighter, EMT, Federal L.E.)

Male/Female - 1st, 2nd, 3rd

No Awards Duplication. Must be present to receive award.

Computer timing by LMsports, results posted prior to awards ceremony and on <u>www.LMsports.com</u> Only those running under 40 minutes will be timed.

Fees: \$25.00 · On-Line Registration (Preferred) · Pre-Registration (Requested) · \$30.00 Race Day

Checks payable to: MC-LEF (on the memo line "Cpl. Ryan 5K Run/Walk")

Mail to: MC-LEF/Cpl. Ryan 5K Run/Walk, PO Box 704, Maple Shade, NJ 08052

Must be postmarked by 11-9-2013

Questions? Race Director 856-236-7130

|                      |  | Cut and Mail -   |                           | <del></del>                     | 2 |
|----------------------|--|------------------|---------------------------|---------------------------------|---|
|                      | participants must complete<br>Must be postmarked by 11-9-2 | and sign. Cpl.   | Marc T. Ryan Memoria      | al/MC-LEF 5K Run/Walk           |   |
| First Name:          |  | Last Naı         | ne:                       |                                 |   |
| Race Day Age:        | o Male o Female  | Phone:_          |                           | <del></del>                     |   |
| Street:              |  | City:            | State                     | e: Zip:                         |   |
| Email: (optional) _  |  |                  |                           | ·                               |   |
| o I can't participat | e but would like to donate:                                |                  |                           |                                 |   |
|                      | 5K Race Division   | n: Choose only   | <i>ONE</i> that applies:  |                                 |   |
|                      | Open-Age Group   | Military         | Public Safety I           | Personnel                       |   |
|                      | T-Shirt Size: o S  | 0 M 0 L          | o XL o XXL                |                                 |   |
| DELEAGE IN CONCIDE   | DATION OF ACCEPTING THE ENTRY I                            | THE HINDERGIONER | ACCUME FULL DECDONOLDILLE | EV FOR ANIV IN HIRV WILLIOH NAA |   |

RELEASE: IN CONSIDERATION OF ACCEPTING THIS ENTRY I, THE UNDERSIGNED, ASSUME FULL RESPONSIBILITY FOR ANY INJURY WHICH MAY OCCUR DURING THE EVENT OR WHILE I AM ON THE PREMISES OF THE EVENT. I HEREBY RELEASE AND HOLD HARMLESS MC-LEF 5K RUNWALK AND GLOUCESTER CITY, SPONSORS, PROMOTERS, RACE SUPERVISORY PERSONNEL AND THEIR REPRESENTATIVES, AND ALL OTHER PERSONS AND ENTRIES ASSOCIATED WITH THE EVENT, WHETHER INJURY OR ACCIDENT IS CAUSED BY NEGLIGENCE ON THE PART OF THE SPONSORS, PROMOTERS OR OTHER PERSONS. I VERIFY THAT I AM PHYSICALLY FIT AND HAVE SUFFICIENTLY TRAINED FOR THIS RUNNING EVENT AND MY PHYSICAL CONDITION HAS BEEN VERIFIED BY A MEDICAL DOCTOR. I ACKNOWLEDGE THAT THE SPONSORS OF THIS EVENT HAVE NOT HAD AN OPPORTUNITY TO EVALUATE THE CONDITION OF MY HEALTH AND ARE RELYING ON MY REPRESENTATION THAT I AM PHYSICALLY ABLE TO ENTER AND COMPETE IN THIS EVENT. I HEREBY GRANT FULL PERMISSION TO ANY AND ALL OF THE FOREGOING TO USE ANY PHOTOGRAPHS, VIDEOTAPES, RECORDING AND RECORDS OF THIS EVENT. MUST BE PRESENT TO RECEIVE AWARDS AT AWARD CEREMONY. THE RACE DIRECTOR HAS THE RIGHT TO ALTER THE COURSE AND/OR THE PRIZE STRUCTURE IF THE NEED ARISES.

| SIGNATURE: |  | <br> |  | <br> | <br> | DAII |  |
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