All proceeds benefit CMCBF College Scholarship Fund for Cape May County high school students

All proceeds benefit control of the memories of

## SUNDAY, OCTOBER 1, 2017 $\approx$ 8:00 am on the boardwalk in OCEAN CITY, NJ

Register at https://runsignup.com/Race/NJ/OceanCity/RaceJudicata5KRun

Or call Michele Devine-Hartnett, Executive Director at 609.463.0313

Pre-register by **9/1/2017** to guarantee a t-shirt. Additional registrations accepted until Race start, but T-shirts only while supplies last. Registration accepted on Race day at **7:00 am** at the Ocean City Music Pier, Moorlyn Terrace and the Boardwalk.

Fee: \$25 all walkers and runners

**Divisions:** female or male, by age: 14 & under, 15 - 19, 20 - 29, 30 - 39, 40 - 49, 50 - 59, 60 - 69, 70 - 79, 80 and up. **New divisions:** female or male, Judge, Attorney, or Legal Staff

## Race Judicata 2017 Registration and Release Form

4									
Name:				Age:	Age: Birthdate:			:	
Address:				City:					
State:	Zip: Phone:			э:					
E-mail:			T-Shirt size: S M				L	XL XXL	
I am registering f	1K Walk		I enclose fee of \$						
Race Division:	gender	→ <b>AND</b> Age							→ <b>OR</b> Legal
	female	14 & under	30 t	30 to 39		60 to 69			Judge
	male	15 to19	40 t	o 49	49 70		to 79		Attorney
		20 to 29	50 t	o 59	80	& up			Legal Staff
Mail Land Control of the Control of									

Mail completed form & check to: Cape May County Bar Foundation, P.O. Box 425, Cape May Court House, NJ 08210.

Release. In consideration of your accepting this entry, I, intending to be legally bound for myself, my heirs, my executors and assigns, hereby waive and release any and all rights and claims for injury and/or damages of any kind or nature that I may have against JBSportstiming, Cape May County Bar Foundation, Cape May County Bar Association, and City of Ocean City, their members and representatives, employees, successors and assigns, for any and all injuries suffered by me in or associated with this event. I verify that I am physically fit and have sufficiently trained for the completion of this event and a licensed medical doctor has checked my physical condition.

Signature:		Date:					
	(Parent/Guardian must sign if partic	inant is under 18 years of age)					