## 6th Annual West Deptford Park mmer 5 K Series

Dates: 5K Cross Country Races—Mondays—July 7th, July 28th and August 18th

5K **Road** Races—Mondays—July 14th, July 21st, August 4th, August 11th(**prediction run**)

Time: Race Starts at 7:00 p.m., Registration begins at 6:15 p.m.

Where: West Deptford Park, Metropolitan Avenue, Thorofare, NJ

The West Deptford Park Summer 5k Series will consist of 3 cross country-style races on the WDHS cross country course in West Deptford Park and 4 road races utilizing West Deptford Park and the near-by industrial park. The cross country races will take place over a variety of terrains including grass, dirt, asphalt, wooden bridges, and possibly mud! The final road race of the series will be a staggered prediction run (no watches, the runner who best predicts their time is the winner). All races will be "no -frills" races, meaning no winners medals or t-shirts, but they will be conducted using computerized timing and results will be posted. Water and Refreshments will be available after each race.

## **Entry Fees:**

\$6 entry per race for adults or \$35 for the entire series \$4 entry fee for anyone under 18 or \$25 for the entire series

\$1 discount on individual entries for Gloucester County Running Club Members

## West Deptford Park 5K Series Release Form (MANDATORY)

In consideration of accepting this entry, I, the undersigned, assume full responsibility for any injury or accident which may occur during the event or while I am on the premises of the event. I hereby release and hold harmless the township of West Deptford, West Deptford High School, the West Deptford Cross Country team, Rutgers University-Camden, the Rutgers-Camden Cross Country team, sponsors, and race supervisory personnel. I verify that I am physically fit and have sufficiently trained for this running event and a licensed medical doctor has verified my physical condition. Notwithstanding these risks, I, for myself, and assigns do waive, release and discharge Rutgers, The State University of New Jersey, its governors, trustees, officers, employees and agents from any and all claims, demands, actions, causes of action, costs and expenses for and by reason of any personal injury, property damage, loss and expense, which heretofore have been or hereafter may be sustained or suffered by me in consequence of and as a result of a certain accident, casualty or event or my presence or activities in connection with this participation. I also agree to indemnify and hold harmless Rutgers for injuries sustained either by me and/or caused by me to others during this participation. Furthermore, I acknowledge that the risks outlined above are not intended to be all-inclusive and voluntarily accept all risks known or unknown. I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, recordings, and record of this event.

NAME	GENDER		AGE
ADDRESS			
CITY	STATE	ZIP	
SIGNATURE (or parent's if under 18)			DATE
Make checks payable to: Rutgers University-C	amden		

Mailing address: Rutgers University-Camden, Attn: Athletics, 301 Linden St., Camden, NJ 08102