

# West Deptford Park

## 2013 Summer 5K Series

**Dates:** 5K Cross Country Races—Mondays—July 15th and August 12th

5K Road Races—Mondays—July 22nd, July 29th (**Special Race - Announcement will be made**), August 5th(**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 2 cross country-style races on the WDHS cross country course in West Deptford Park and 3 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 first road race will be a normal 5K. The 2nd road race will be a special format which will be announced shortly . The final road race 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.

**Proceeds from the cross country races will benefit the West Deptford High School Cross Country program.**

### Entry Fees:

**\$6 entry per race for adults or \$25 for the entire series**

**\$4 entry fee for anyone under 18 or \$15 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 High School 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. 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: TNT Event Management

Mailing address: TNT Event Management, 33 Ash Ave., West Deptford, NJ 08096