

As a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages, or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program.

In consideration of accepting this application, I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release all rights and claims for losses and damages I may have against the City of Ocean City, NJ, the Ocean City Beach Patrol, Autism Speaks Inc., USA Track & Field, the Race Director and committee, any sponsors, and all other parties and their representatives, successors, and assigns for any and all injuries suffered by me in said event.

I attest and verify that I am physically fit and have sufficiently trained for competition in this event and my physical condition has been verified by a medical doctor.

I have read and fully understand the above Event Details, Waiver and Release of all Claims and Permission to Secure Treatment.

Name: _____

Signature: _____
(signature of parent if under 18)

Date: _____



3rd Annual 5K Beach Challenge For Autism



Saturday, August 15th
Ocean City, NJ
34th Street
8am



All proceeds benefit Autism Speaks
www.autism.cfsites.org

Race Website

www.autism.cfsites.org

Location

34 Street Beach
Ocean City, NJ
(allow extra time to find street parking)

Distance

5K Run/Walk

Date

Saturday, August 15th (Rain or Shine)

Time

Registration/Package Pick-Up 7 - 7:45am
Race Start 8am

Course

The course is out and back from 34th street beach heading South. The entire run will be on the hard sand at low tide. There will be one water station serving Gatorade and water.

Proceeds

All proceeds will benefit Autism Speaks, a not-for-profit corporation dedicated to increasing awareness about the growing autism health crisis and raising funds for critical autism research.

Timing & Results

L&M Computer Sports www.lmsports.com

*only those finishing under 40 minutes will be timed.

Questions:

beachchallengeforautism@yahoo.com

Entry Fee (non refundable)

Before Race Day: \$25.00
(postmark no later than 8/3/09)
Race Morning: \$30.00 (if spots remain)

Discounts: Must Register by Mail
OCBP Members and groups of 6 or more:
\$15/ person

Kids 10 & under are free! (Please register by mail to receive a shirt and be timed)

Make checks payable to:
Beach Challenge for Autism

Mail entry forms, release, and checks to:
Katie Kohler
4 Pine Rd
Ocean City, NJ 08226

Registration is also available at
www.active.com

Awards

T-Shirts will be issued to the first 300 registered participants. Trophies will be awarded for the Overall Male and Female First Place Finishers. Male and Female first, second, and third place age group finishers will be awarded medals in the following age group divisions: 19 and under, 20-29, 30-39, 40-49, 50-59, 60 and above. All children under 10 years of age will receive a finisher medal.



Official Entry Form

First Name: _____

Last Name: _____

Sex: Male _____; Female _____

Age on race day _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

Shirt Size: Kids S, L; Adult S, M, L, XL

Emergency Contact

Name: _____

Phone: _____

*** You must sign the official waiver on the back of this sheet.