

RUN FOR



5 K

SATURDAY APRIL 28, 2018



## RAIN OR SHINE

7:15 – 8:30 Check- In & Event Day Registration • 9:00am Race Start • 10:00am Awards

### ENTRY FEE

\$25.00 Early Registration  
(by 2/1/18)  
\$30.00 (Register by 3/1/18)  
\$20.00 (ages 18 under)  
\$35.00 (Register by 4/23/18)

Checks payable to:  
Billie McKenna's Foundation  
P.O. Box 344  
Hope, NJ 07844

T-shirts guaranteed for  
registration before 3/31/18

### EXTRAS

PostRace Snack  
Music  
Starbucks coffee

### ONLINE REGISTRATION

[www.billiemylove.org](http://www.billiemylove.org)  
(click on registration link)

### AWARDS

Top 3 Male & Female  
Finishers & in age group

18 & under, 19-29, 30-39, 40-49,  
50-59, 60 & over

### LOCATION

Swayze Mill Park  
110 Swayze Mill Road  
Blairstown, NJ 07825

Billie McKenna's foundation provides developmental and adaptive toys for children who are challenged with a long-term disability and/or developmental delays. For more information visit [www.billiemylove.org](http://www.billiemylove.org).



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/ZipCode \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Sex: M F  
Age on Race Day: \_\_\_\_\_ T-Shirt (circle one): Adult S M L XL XXL Youth: S M L  
Emergency Name: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

### Liability Waiver must be signed

In consideration of you accepting this entry, I, the participant, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against the Event Director, Billie McKenna's Foundation and all of their agents assisting with the event, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize intend and understand that this release is binding on my heirs, executors, administrations, or assignees. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver.

Signature of Runner: \_\_\_\_\_

Parent or Guardian if under 18: \_\_\_\_\_