



# 5th Annual - 5K Run/Walk Sunday, May 22, 2016 Croonview Park

Greenview Park 27 West Parkway, Pequannock, NJ 07440





2016 Grand Prix

### Info:

- \* On-site Registration begins 7:15 am
- \* Registration ends 8:15 am
- \* Race Begins 8:30 am

\*\* Rain or Shine \*\*

## **Amenities:**

- \* Refreshments, Restroom & Music
- \* T-shirts guaranteed to first 300 registered (while supplies last) (Shirts and sizes are subject to availability. Entrant must be present on race day to receive a shirt.)

### Awards:

- \* Top 3 Overall Female & Male Runners
- \* 1st 3 Finishers in each age group
- \* Age Groups: 9 & under, 10-14, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70-79, 80+

### <u>Course:</u>

- \* USATF Certified 5K (3.1 miles) & Sanctioned
- \* Flat with mile markers, 2 water stops & traffic control

# Save time on race day...

Pick up bib number, chip and t-shirt on <u>Saturday, May 21, 2016 from 3:00 pm - 5:30 pm</u>, at the Senior House (located to the left of the Pequannock Twp. Municipal Bldg.)

Address: 530 Newark Pompton Turnpike, Pompton Plains, NJ 07444

ONLY Runners, Walkers & Strollers are permitted!

NO ROLLERBLADES NO PETS NO BIKES NO REFUNDS

# RACE CO-SPONSORS Miles For Mike Committee &

Parks & Recreation TOWNSHIP OF PEQUANNOCK

Questions: call Cathy at 973-868-1412 ~ email at MilesForMike@optonline.net ~ www.MilesForMike.com

| 2016 MILES FOR MIKE REGISTRATION FORM   |         |                                      |                    |   |           |
|---|---------|--------------------------------------|--------------------|---|-----------|
| Please Print! First Name:   | Last N  | ame:                                 |                    |   |           |
| Address:  | City:   |                                      | State:             | Zip Code:   |           |
| Phone #:  | E-mail: |                                      |                    |   |           |
| Male: ☐ Female: ☐ Date of Birth:/ Age (on Race Day):  |         |                                      |                    |   |           |
| Shirt Size: ☐ Youth Large ☐ Adult Small ☐ Medium ☐ Large ☐ X-Large ☐ Choose one: ☐ Runner ☐ Walker            |         |                                      |                    |   | ☐ Walker  |
| Please make check payable to: Michael W. Coppola Memorial Fund Mail to: P.O. Box 60, Pompton Plains, NJ 07444 |         | FEES:  Registration:  USATF-NJ Membe |                    | After April 30 <sup>th</sup> (through race day) \$30.00 \$27.00 |           |
| Payment Enclosed:   |         | USATF-NJ Member #                    | :                  |   |           |
|   | \$      | Although I cannot part               | icipate in this ev | ent, please accept my a   | lonation. |

Waiver of Liability for Miles For Mike Memorial Run, May 22, 2016:

In participating in the Miles for Mike Memorial 5K Run/Walk, myself, my heirs, executors, administrators, and assigns, do hereby release and discharge the MILES FOR MIKE committee, its officers and agents, volunteers, all sponsoring and cooperating business, organizations, and municipalities, their employees, and agents, from all claims, damages, demands, actions, causes of action or any other claim of whatsoever nature arising out of my participation in the event or while in transit to or from the designated route. I agree to abide by all traffic laws and basic safety rules established by MILES FOR MIKE. I agree to abide by any decision of a race official relative to my ability to complete the run. I assume all risks associated with participating in the event including, but not limited to: falls, contact with other participants, the effect of weather, including high heat or humidity, traffic and conditions of the road, all such risks being known and appreciated by me. I also give full permission to MILES FOR MIKE for use of my name, photograph, video or any other record of this event for legitimate purposes. I understand that the event will be held rain or shine and no refunds will be issued. The undersigned, being fully aware of the risks and hazards inherent in practicing and engaging in exercise programs, hereby voluntarily assumes all risks of loss, damage or injury, including death that may be sustained by the undersigned, or to any property of the undersigned. This release shall be binding upon distributors, heirs, next of kin, executors, and administrators of each of the undersigned. In signing the foregoing release, the undersigned hereby acknowledges and represents that he/she has read the foregoing release, understands it and signs it voluntarily.

| Signature (required):                                      | Date: |
|--|-------|
| Parent/Guardian Signature (required if under 18 years of a | ge):  |