

3rd Annual Red Bank 5K RUN AGAINST DRUGS

SATURDAY, APRIL 7, 2001
10:00 am START
8:30 am REGISTRATION

COUNT BASIE PARK
at West Bergen
Red Bank, New Jersey

AWARDS to the first male and female finishers overall. And to the following age groups: 14 and under, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70 and over.

T-SHIRTS: Commemorative shirts are guaranteed for all entries received prior to race day. Race day registrants will receive a shirt while supplies last.

SCHEDULE: 8:30 am, registration/shirt pickup. 5K Race, 10:00 am. Come early to allow sufficient time for parking.

DIRECTIONS: Red Bank is Exit 109 on the Garden State Parkway. Take Newman Springs Road east to Shrewsbury Avenue. Make a left-hand turn. Go to West Bergen, and turn right. Count Basie Park is approximately three blocks ahead.

PARKING is available on West Bergen and in the Count Basie Park parking lot, which can be accessed by turning left at Red Bank Volvo on Newman Springs Road.

ENTRY FEES: Entries postmarked on or before April 1, \$12.00. All entries postmarked after April 1, \$15.00.

CERTIFIED COURSE

NO ROLLERSKATES, BICYCLES, OR SKATEBOARDS

INFORMATION: For more information, or if you wish to volunteer, please call the RAD Hotline: (732) 530-2781.

—All proceeds go to fund the Red Bank Alliance's After-School Program for children at risk for substance abuse.—



CHECKS/MONEY ORDERS made out to
Red Bank Alliance, 90 Monmouth Street
Red Bank, NJ 07701



RED BANK 5K – RUN AGAINST DRUGS

LAST NAME

FIRST NAME

ADDRESS/P.O. BOX

TOWN

STATE

ZIP

SEX

AGE (on day of race)

ADULT SHIRT SIZE
M L XL

PHONE NO. (DAY)

PHONE NO. (EVENING)

WAIVER: PLEASE READ CAREFULLY AND SIGN

In consideration of the acceptance of the application for entry in the Red Bank 5K—Run Against Drugs, I, the undersigned, intending to legally bind myself, my heirs, executors and administrators, hereby waive, release and hold harmless the Borough of Red Bank, the Red Bank Alliance to Prevent Alcoholism and Drug Abuse, the Run Against Drugs Committee, and any person or entity associated with the race from any claims for damages of any nature arising out of my participation in the event. Further, I recognize that I must be in good health and of sufficient training and experience in order to participate in the event. I further state that my ability to participate in the event has been attested by a qualified, licensed physician. I also give permission for the use, without fee, of my name and picture in any broadcast, telecast or print media account of this event for promotional and publicity purposes. I further acknowledge that I have read and accept these conditions under which my entry is made.

PARTICIPANT'S SIGNATURE (IF UNDER AGE 18, PARENT SIGNATURE)

DATE