

the HACKENSACK RUN

for ACTION AGAINST HUNGER™

Dedicated to the Memory of Tommy Burns
 Sunday, October 12, 2003

Location: The Record Hackensack, NJ

Schedule: We have added a 1.5 mile River Walk

7:45AM: Registration/Package Pick-up 9:30AM: **5K** Race and **1.5 mile** River Walk

Course: USATF Certified, flat and rolling, clocks, water stops

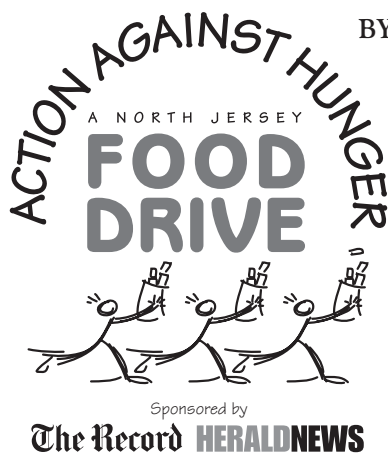
Awards: Three deep, male & female, overall, age groups, Hackensack resident

Amenities: The Tommy Burns long sleeve t-shirt, DJ, prizes, refreshments,

Info: (201) 489-3700(D) (732) 381-0318(E) WWW.OYMP.NET

Fees: See entry form below Registration:

BY MAIL OR ONLINE @ WWW.ACTIVE.COM



GREATER HACKENSACK
 CHAMBER OF COMMERCE
 HACKENSACK, NJ



500 Points

PLEASE REMEMBER TO BRING NON-PERISHABLE FOOD FOR THE ACTION AGAINST HUNGER™ FOOD DRIVE

Checks payable to – Hackensack Chamber of Commerce OYMP, PO Box 1766 Cranford, NJ 07016

The Hackensack Run Official Entry Form

Name _____ Phone() _____

Address _____

City _____ State _____ Zip _____ '03 USATF# _____

Sex (circle one) Male Female Age (on race day) _____ Date of Birth _____

Amount Enclosed _____ \$15 (USATF by 10/7) _____ \$17 (by 10/7) _____ \$20 (After 10/7)

Event Entered (check one) 5K Race _____ 1.5 Mile Walk _____

In consideration of this entry accepted, I hereby for myself, heirs, executors, and administrators waive and release any claims I may have against the Greater Hackensack Chamber of Commerce, its officers and directors, the organizing committee, and sponsoring organizations, the City of Hackensack, the County of Bergen, USATF, The Record, On Your Mark Productions or their representatives, successors, or assignees for any injuries that may be suffered by me in this event. I understand that this waiver includes any claims based on negligence, action or inaction of any of the above parties. I recognize the difficulties of this event and attest that I am sufficiently physically fit to compete safely in this event and that I have not been advised otherwise by a qualified medical person. I also give permission for the free use of my name and picture in any broadcast, telecast or print media accounting of this event. I will accept all decisions of the Committee regarding the event.

Signed _____ Date _____

Parent/Guardian signature if participant is under 18 years of age

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