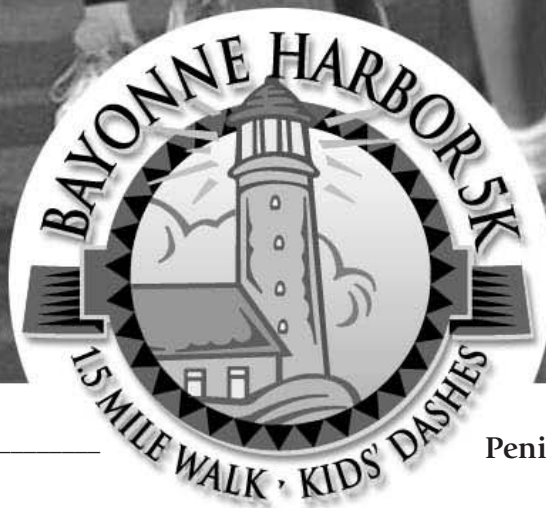


BAYONNE HARBOR 5K

BAYONNE HARBOR 5K RACE APPLICATION



Saturday, Sept. 13, 2003
Peninsula at Bayonne Harbor
Bayonne, NJ

Last Name _____

First Name _____

Date of Birth _____ Age on Race Day _____

Sex _____ 2003 USATF# _____

Street _____

City _____ State _____ Zip _____

Phone _____

Event:

- 5K Road Race
- 1.5 Mile Walk
- Kids' Dashes

Check if applicable:

- Firefighter
- Police Officer
- EMT
- BMC Employee

T-Shirt Size:

- Adults: M L XL
 Kids: S M L

2nd Annual Bayonne Harbor 5K

An On Your Mark Productions Event

Please make your check payable to BMCF
Detach and Mail to: Bayonne Medical Center Foundation
398 Avenue E, Bayonne, NJ 07002

Need more information or an additional application?
E-mail your request to www.OYMP.net or call 201-858-6500.

In consideration of this entry being accepted, I hereby for myself, heirs, executors and administrators waive and release any claims I may have against Bayonne Medical Center, Bayonne Medical Center Foundation, the City of Bayonne, Bayonne Local Redevelopment Authority, On Your Mark Productions, USATF, their staff, officers, sponsors, volunteers, successors and assigns, for any and all injuries suffered by me in this event. Further, I confirm that I am physically able to compete in the Bayonne Harbor 5K and grant the right to use my likeness in any photographic record of the event.

Signature (of parent or guardian if under 18) _____

Date _____

Bayonne Medical Center
Foundation