

# the HACKENSACK RUN

for ACTION AGAINST HUNGER™

Dedicated to the Memory of Tommy Burns  
 Sunday, October 10, 2004

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 MZRACE.OYMP.NET

Fees: See entry form below Registration:

BY MAIL OR ONLINE @ WWW.ACTIVE.COM



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North Jersey Community Newspapers



GREATER HACKENSACK  
 CHAMBER OF COMMERCE  
 HACKENSACK, NJ



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 \_\_\_\_\_ '04 USATF# \_\_\_\_\_

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

Amount Enclosed \_\_\_\_\_ \$15 (USATF by 10/5) \_\_\_\_\_ \$17 (by 10/5) \_\_\_\_\_ \$20 (After 10/5)

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, The Tommy Burns Foundation, 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