

# Mercer County Traumatic Loss Coalition 5K Run/Walk

Second Annual  
Event

**Healthy Minds / Healthy Bodies**  
Veterans Park, Hamilton, NJ  
Sunday, June 24, 2007



Brian M. Hughes  
County Executive

**Registration:** 8:30 am. – 9:15 am. at the games pavilion (Kuser Rd. entrance)  
**Course:** Paved roads & trails in Hamilton Veterans Park, Kuser Road  
**Coordinators:** Baldasari & Leestma Race Management

**Start time:** 9:30 am

Information call: (609) 278-7924  
Pre-Entry fee: \$15 – Until 6/15/07  
Under 18 and walkers: \$5  
USATF-NJ pre-entry discount: \$2  
Day of race entry fee: \$20  
**Checks payable to: PEI Kids / TLC**  
**Mail to: MC/TLC 5K Run**  
C/O Larry Baldasari  
3448 Nottingham Way  
Hamilton Sq., NJ 08690

-- OR --

Register Online With  
[www.practicehard.com](http://www.practicehard.com)



**Directions to Veterans Park**  
**From North Jersey: NJ**  
Turnpike to exit 7A. Rt. 195  
West to exit 3B Hamilton  
Square. Left at first traffic  
light on Kuser Rd. Park  
entrance is one mile on right.  
**From Rt. 1:** Rt. 1 South to Rt.  
295 south, to Rt. 195 East. Take  
exit 3B as above.  
**From PA:** Rt. 95 North to Rt.  
295 South, to Rt. 195 East. Take  
exit 3B as above.  
**From South Jersey: Rt. 295**  
North, to Rt. 195 East. Take  
exit 3B as above.

- Refreshments after race.
- Computerized results.
- Traffic free USATF certified course.
- T-shirts to all entrants while supplies last.
- Awards to top male & female & top 3 in each age group.

Age Groups: Male & Female	
13 & Under	40-49
14-18	50-59
19-29	60-69
30-39	70 - plus

-----Detach Here-----

### RACE RELEASE (must be signed by participant/parent or guardian)

I understand that my consent to this provision is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am voluntarily participating in this event and I am in good physical condition. I understand that that this event is a potentially hazardous activity and I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in this event or while on the premises of this event, and hereby Release and Hold Harmless and Covenant to not file suit against the Mercer County Traumatic Loss Coalition, and any affiliated individuals, including County of Mercer, any Race Sponsors and their agents and employees, and all other persons or entities associated with this event, from any loss, liability, or claims I may have arising out of my participation in this event, including personal injury or damages suffered by me or others whether same be caused by falls, contact with participants, condition of the course, negligence of the Releasees or otherwise.

Signature \_\_\_\_\_ (Parent or guardian if under 18)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_ Sex M \_\_\_\_\_ F \_\_\_\_\_ Age on race day: \_\_\_\_\_

E-mail \_\_\_\_\_ USATF-NJ # \_\_\_\_\_ DOB \_\_\_\_\_