



Lincoln Park Mayor's Wellness Campaign  
presents the 2nd Annual

# Beavertown 5K Fall Classic Run / Walk

Proceeds to Benefit Lincoln Park  
**MIDDLE & ELEMENTARY SCHOOL PTOs**

**Saturday, November 1, 2008**

**Start Time: 9:00am**  
**Registration: 8:00am-8:30am**  
**Start Location: PAL Building**  
**10 Boonton Tpke.**

**Kids Main St. Dash**  
immediately **BEFORE** start of 5K  
4-7 & 8-11 year olds  
registration is **FREE**,  
but registration **is** required

**REGISTRATION INFORMATION:**

- Pre-registration \$15.00
- \$18.00 after Oct 20 and on event day
- Mail or submit entry form and entry fee to:  
Borough of Lincoln Park - Health Dept  
34 Chapel Hill Road  
Lincoln Park, NJ 07035  
Phone: 973-270-2040 Fax: 973-270-2041

**Information and Directions**  
[www.lincolnpark.org](http://www.lincolnpark.org)

- Route posted on the web-site
- Scoring by Compuscore
- T-Shirts to first 250 registrations
- Pre-Race breakfast

**Age Groups:**

Under 11	20-29	50-59
12-14	30-39	60-69
15-19	40-49	70+

**Team Categories: Minimum of 3 ppl**

- EMS: Police, Fire, First-Aid
- Civic Organizations
- Schools/Teachers
- Corporations
- Municipal Gov't
- Families
- Running Teams

**Mayor's Trophy**  
awarded to any winning team  
in which all members live or work



\_\_\_\_\_

name

\_\_\_\_\_

address

\_\_\_\_\_

address

\_\_\_\_\_

phone

\_\_\_\_\_

e-mail

_____	_____	Check box if participating in the	
sex	age on race day		
T-Shirt Size: (5K participants)			
SM	MED	LG	XL
Team Name: _____			
Category: _____			
Eligible for Mayor's Trophy: YES NO			

**Waiver & Consent:**

I acknowledge that I am in suitable physical condition to participate in the Recreation Program that I have registered for & I hereby agree to assume any risks involved. I certify that I am fully capable of participating in this recreational sport, activity, or program & that I have no physical or mental disability that would restrict full participation. I do hereby waive, release, indemnify & agree to hold harmless the Borough of Lincoln Park, its directors, superintendents, employees & volunteers from any liability and/or for any injury that may be suffered by myself in the normal course of participation in the sport & the activities incidental thereto, whether the result of any negligence or any other cause. In the event I am unable, I grant permission to receive emergency professional medical care as deemed necessary by the Recreation Staff.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I grant the Borough of Lincoln Park permission to use my photo/video images for promotional materials or inclusion on our web-site or newspaper articles

Yes \_\_\_\_\_ No \_\_\_\_\_