2010 ISLAND RUN OFFICIAL ENTRY FORM

_____ _____ M F _____
First Name Last Name Sex (circle) Age Race Day

_____ _____
Street Address City

_____ _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
State Zip Email Address – please print clearly for delivery of future race applications

S M L XL _____-_____-_____
Shirt Size (circle) Phone

Please mark if appropriate: _____ _____ _____ _____ _____ _____
(check only one) Beach Patrol | Running Club | Corporate Team | Police Officer | Firefighter | SICBP alumni

_____
Team Name/Affiliation

If you wish our medical staff to be aware of any specific medical problems or medications, please explain.

_____

_____

MAIL Entry Form to: **Sea Isle City Beach Patrol**
4416 Landis Avenue
Sea Isle City, NJ 08243

DELIVER to: **Beach Patrol Headquarters**
44th Street and Boardwalk
609-263-3655
(# operating after 6/15)

RELEASE FORM (Mandatory)

I understand that I am financially responsible for any and all medical bills incurred by myself or my child while participating in this running race. In case of emergency, I grant permission for myself or my child to be given emergency treatment by the appropriate medical personnel.

In consideration of accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for losses, and damages I may have against the Sea Isle City Beach Patrol, Sea Isle City, and all other parties and their representatives, successors, and assigns for any and all injuries, including death, suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event, and my physical condition has been verified by a licensed medical doctor. Further, I hereby grant full permission to any and all foregoing to use photographs, videotapes, motion pictures, recordings or any other records of this event for any purpose whatsoever.

NO ONE MAY ENTER THIS EVENT WITHOUT SIGNING THIS OFFICIAL WAIVER!

_____ _____
Signature Date

_____ _____
Parent's or guardian's signature required for all participants under 18 years of age. Date