



**BIB TRANSFER**

Bib Number \_\_\_\_\_ (if known)

Current Registrant Info:

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

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

Age: \_\_\_\_\_ M \_\_\_ F \_\_\_\_\_

City: \_\_\_\_\_

Email: \_\_\_\_\_

Signature \_\_\_\_\_

**November 25, 2018**  
**Bodman Park, Middletown, NJ**

[www.navesinkchallenge.com](http://www.navesinkchallenge.com)

*Benefits Middletown Youth Athletic Association*

This is a challenging run for all abilities on scenic & hilly count roads. Both the 5k & 15k are a chip-timed, out-and-back course that start and end in Bodman Park. There are water stops on the course, post-run refreshments, prizes and post-race party!

**10:00 a.m. 15k**

**(Runners only, 2 hour course limit)**

**10:10 a.m. 5k Run/Walk**

**AWARDS**

- > Top 3 M/F in 15k and Top 3 M/F in 5k
- > Top 3 M/F in each age group (10 year age groups) (5k will have a 15 and under award this year!)
- > Lots of Random Prizes & Grand Prize Drawing

Send form below  
 JSRC Navesink Run, PO Box 7

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I know that running a road race is a potentially hazardous activity and that I should not enter and run unless I am medically able and properly trained. I agree to abide by any race official relative to my ability to safely complete the run. I assume all risks associated with running this event including but not limited to: falls, contact with other participants, the effect of the weather, including low or high temperatures and/or humidity, traffic and the conditions of the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, myself and anyone entitled to act on my behalf, waive and release the Jersey Shore Running Club, Road Runners Club of America, Middletown Youth Athletic Association, its Officers, Members and race volunteers, the Township of Middletown and its Departments and employees, Monmouth County Parks, Middletown Little League, and all sponsors, their representatives, employees and successors from any and all claims and liabilities of any kind arising out of my participation in this event or carelessness of the persons named in this waiver. Further, I grant to all of the forgoing permission to use any photographs, motion pictures, recordings or any other record of this event for legitimate purposes.

Circle One Event:    5K Run/Walk            15K Run

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_            Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Age: \_\_\_\_\_            Sex:    M    F

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

Parent/guardian signature required if under 18.