



**APPLICANT INFORMATION:** *(Please Print)*

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**LAST NAME**

**FIRST NAME**

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**STREET ADDRESS**

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**APARTMENT NUMBER**

**CITY**

**STATE**

**ZIP CODE**

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**AGE on Race Day**

**PHONE: Home**

**Cell**

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**E-MAIL ADDRESS**

*Please Circle One BELOW:*

**5 K RUN**

**1 MILE WALK**

**DONATION**

**Race Date & Time:**

*Saturday, September 20, 2014 at 8:30 am*

**Registration Fee:**

*\$15.00*

**Early Registration:**

*Owen's Pub, 119 East 17<sup>th</sup> Street, North Wildwood, NJ*

**Race Day Registration:**

*1<sup>st</sup> & Olde New Jersey Avenue*

**Race Start:**

*1<sup>st</sup> & Old New Jersey Avenue*

**T-Shirt Size:**

*S M L XL XXL (T-Shirts will be given to first 150*

*registrants)*

**Awards:**

*Overall Male & Female: 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> Place*

**Mail and/or Inquiries:**

*A.O.H. Office, 101 West Chestnut Avenue, North Wildwood,*

*NJ 08260*

Toll Free (800) IRISH91 or (609) 729-0075, or

<http://www.cmcaoh.com/>

**Waiver:** I know that running is a risk and a potentially hazardous activity. I should not enter and run unless I am medically able and trained. I also know that although police protection will be provided, there will be traffic on the course routes I assume the risk of running in traffic. I also assume any and all other risks associated in running this event, including but not limited to falls, contact with other participants, the effects of weather including heat and/or high humidity, and the conditions of the roads. Knowing these facts and in consideration of you accepting my entry fee, I hereby for myself, my heirs, my executors, administrators and anyone else who might lay claim on my behalf, covenant not to sue and waive, release and discharge AOH-James J. Reilly-Division #1-Irish Fall Festival, the City of North Wildwood, volunteers, sponsors, including their agents, of any and all liability for death, personal injury and or property damage of any kind or nature arising out of or in the course of, my participation in this event. This release and waiver extends to all claims of every kind or nature whatsoever.

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*Signature of Participant*

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*Date*

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*Signature of Parent/Guardian if participant is under 18 years of age*

**A.O.H. Office**

101 West Chestnut Avenue, North Wildwood, New Jersey, 08260  
(609) 729-0075 Voice, (609) 729-2743 Fax Toll Free (800) IRISH91