



The Irish Jog 5K and 1 Mile Walk

Saturday, September 24, 2016

Race Application – **ALL Runners and Walkers**
MUST COMPLETE FORM

Last Name _____

First Name _____

Address: _____

City _____ ST _____ Zip _____

Email Address: _____

Entrance Fee:

ALL PROCEEDS DONATED TO THE WILDWOOD CATHOLIC HIGH SCHOOL

5K Run: _____ (\$20 per adult or student)

1 Mile Family Walk: _____ (\$20 per adult or student)

T-Shirt size: (circle one) **Small -- Medium -- Large -- X Large-- XX Large**

Please read carefully before signing: In consideration of the acceptance of my entry in the The Irish Jog, I, my heirs, executors and administrators hereby discharge the AHO, Lynch with Lynch Foundation and the City of North Wildwood and all the sponsors and producers of this event, their agents, officers, employees, volunteers, event directors and event holders and anyone associated in any way with the event, from all liabilities, actions, claims, demands, damages, costs and expenses which I may now or in the future have against them arising out of my participation in the above mentioned Irish Jog Run/Walk, including but not limited to all injuries that may be suffered by me. I attest and verify that to the best of my knowledge, my physical condition and fitness are adequate for me to safely compete in the race(s) mentioned above and that no physicians or other individual has advised me against competing in any part of these events.

I certify that I have read this document and attest to its contents.

Signature _____ date _____

(Signature of parent if under 18)

Make Checks Payable and mailed no later than Monday, September 26, 2016 to:

The Lunch with Lynch Foundation

P.O. Box 1322 * Wildwood, NJ 08260