



**Jersey Shore University Medical Center**  
**5k Run/Walk and Community Day | Sunday, September 19, 2010**  
 Proceeds to Benefit Jersey Shore University Medical Center and K. Hovnanian Children's Hospital

**Sunday, September 19, 2010**

**Location: Jersey Shore University Medical Center**  
 1945 Route 33  
 Neptune, NJ 07753

**Race Day Registration and Check in: 8:30 a.m.**

**5k Start Time: 10:00 a.m.**

**Kids races: 11:00 a.m.**

Join us from 11:00 a.m. - 2:00 p.m. for an awards party, food, games, health screenings, children's health fair, and more.

Register online at [www.raceforum.com/JSUMC](http://www.raceforum.com/JSUMC) or [www.active.com](http://www.active.com)

**Course: 5k Run/Walk through Neptune**  
 Electronic timing

**Awards:**

- Overall winner – Male & Female
- Top Neptune Resident – Male & Female
- Top 3 Male & Female Finishers (in 10 year age groups)
- Top Meridian Health and First Responder Teams (see team application for details)
- Raffle Prizes



**Registration Form**

First 200 registrants receive a long sleeved t-shirt. Registration fee is \$25, or \$20 before September 3, 2010, and \$15 for Meridian Health team members who register before September 3, 2010. (Meridian Health team members must mail in application or drop off at Jersey Shore University Medical Center PR office.) Kids races are free and all participants receive medals.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Age on Race Day: \_\_\_\_\_

E-mail: \_\_\_\_\_

Male  Female  Meridian Health Team Member  Neptune Resident **Shirt Size: S M L XL (Please circle one)**

**Waiver/Release:** In consideration of this entry being accepted, I hereby for myself, heirs, executors, & administrators waive and release any claims I may have against Jersey Shore University Medical Center, the event organizers, volunteers, sponsors and (or) any representatives involved in the 5k Run/Walk for any and all injuries suffered by me. I certify that I am physically able to compete in this event.

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

Parent/Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

For information call 732.776.4075, visit [www.JerseyShoreUniversityMedicalCenter.com/5kRace](http://www.JerseyShoreUniversityMedicalCenter.com/5kRace), or e-mail [JSUMC@meridianhealth.com](mailto:JSUMC@meridianhealth.com).

Make checks payable to:  
**Jersey Shore University Medical Center**  
 Att. Jersey Shore University Medical Center 5k

**Mail:**  
 Jersey Shore University Medical Center  
 Community Day/5K  
 PO Box 923  
 Neptune, NJ 07753

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