



# Mount Olive's Mayor's 5K Fun Run & 1 Mile Walk

**Saturday,  
April 21, 2012  
Turkey Brook Park  
Flanders Road, Budd Lake**

### Event Schedule

- 8am Registration/packet pick-up
- 9am 5K Run or Walk
- 9:15am 1 Mile Walk start
- 10am Awards and post run party!

### Registration

**Online** @ [www.mountolivetownship.com/rec\\_mayor5krun.html](http://www.mountolivetownship.com/rec_mayor5krun.html)  
**Mail:** form and check (payable to Mt. Olive Recreation):  
 Mt. Olive Recreation - Mayor's 5 K Run  
 P.O. Box 450, Budd Lake, NJ 07828

### Entry Fees (no refunds)

Pre-register: \$15 before 4/13. On-Site \$20  
 Contact us for Discounts for Teams of 15+  
 Children in Strollers – Free!

### For more information:

Call: Jill – 973-691-0900 x 7261 Email: [jdaggon@mtolivetwp.org](mailto:jdaggon@mtolivetwp.org)

## 5 K Run or 1 mile walk

Shotgun start rain or shine

T-shirts & Goodie Bags

(for the first 250 pre-registered applicants)

Free Refreshments for all registrants

Trophies awarded in the following categories:



Mayor's Trophy:

1st Place Male & Female

Administrator's

Trophy: Team Spirit

Available to Pre-registered participants only



Presenting Sponsor's

Trophy:

High School Senior

Recreation Trophy:

Oldest & Youngest

Available to Pre-registered participants only



**No duplicate awards**

### Many thanks to our Event Sponsors:



Become a Fan on facebook! Look for us under: Mt Olive Recreation

Mail application with check to Mt. Olive Recreation, Mayor's 5K Run, P.O. Box 450, Budd Lake, NJ 07828

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  M  F Age as of 4/21: \_\_\_\_ Grade \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Team Name: \_\_\_\_\_ (each member must complete an application) Shirt size (adult) S M L XL

In consideration of this entry in the Mt. Olive Mayor's 5K Run or 1-mile Walk, I am aware that participating in any sports activity is a potentially hazardous activity. I assume all risks associated with participation in this event, including but not limited to falls, the effects of the weather, traffic, and other risks associated with the event. All such risks are known and understood by me. I waive all claims to myself, my heirs and assigns against the Township of Mount Olive, and any and all other Event sponsors and their representatives, successors and assigns for any injury or illness which may result from my participation. I further state that I am in proper physical condition to compete in this Event, as certified by a licensed physician. I hereby give my permission to the Township of Mount Olive and event representatives to obtain emergency first aid, if needed. Further, I hereby give my permission to the Township of Mount Olive and all Event sponsors to use my name and/or picture in any account of this event without limitation and obligation of compensation therefore.

\_\_\_\_\_/\_\_\_\_\_  
Signature of Runner/Competitor Date

\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent/Guardian (if runner is under age 18) Date

**\*\*UNSIGNED REGISTRATIONS WILL NOT BE ACCEPTED\*\***