



ENTRY FORM 2013 NEW JERSEY MARATHON

SUNDAY, MAY 5TH, 2013 • OCEANPORT, NEW JERSEY

NO REFUNDS OR TRANSFERS. ONE PARTICIPANT PER FORM. ENTRY FORMS MAY BE PHOTOCOPIED. SANCTIONED BY USA TRACK & FIELD

MARATHON ENTRY FEES

No refunds or transfers. Reassignment or selling of registration is not permitted. Registration will close whenever the maximum capacity limit has been reached. Mail in and on-line registration will close no later than April 28, 2013. Please note: mail in registrations must be received in our corporate office no later than April 28, 2013.

- Until September 6, 2012 \$85
- September 7 - November 15, 2012 \$95
- November 16 - December 31, 2012 \$100
- January 1, 2013 - January 31, 2013 \$110
- February 1, 2013 - February 28, 2013 \$120
- March 1, 2013 - March 31, 2013 \$130
- April 1, 2013 - April 28, 2013 \$140
- May 3 - May 4, 2012 at the Health & Fitness Expo \$150

PLEASE ADD PROCESSING FEE OF: \$6
 TOTAL (REGISTRATION + PROCESSING FEE) \$ _____

PAYMENT BY CHECK/MONEY ORDER: Make payable to US Road Sports & Entertainment Group of New Jersey, LLC

PAYMENT BY CREDIT CARD

Account Number

Expiration Date - check one: () Visa () MC () AMEX () DISCOVER

Security Code

X _____
 SIGNATURE OF CARDHOLDER

WHEELCHAIR PARTICIPANTS:
 PUSHRIM HANDCRANK MOTORIZED ASSISTED

FIRST NAME LAST NAME

GENDER M F BIRTHDAY MO DAY YEAR ACTUAL/ESTIMATED FINISH TIME HR MINS

(MUST BE 18 FOR THE MARATHON ON RACE DAY)

RACE NAME (The race must have occurred since 1/1/11 to be valid in 2013) YEAR

EMAIL

DAYTIME PHONE () - T-SHIRT SIZE XS S M L XL XXL NAME ON BIB (10 letter max, only if registered by 04/01/13)

STREET ADDRESS

CITY STATE COUNTRY

ZIP or POSTAL CODE COUNTY (if from New Jersey)

RACE DAY EMERGENCY CONTACT NAME RACE DAY EMERGENCY CONTACT PHONE () -

WAIVER & RELEASE FROM LIABILITY

By signing below, I acknowledge my understanding that my participation in the 2012 New Jersey Marathon and Long Branch Half Marathon and/or any pre- or post-race activities (the race and pre/post-race activities are individually and collectively referred to as the "Event") involves rigorous physical activity and that it potentially may be hazardous. I attest and verify that I am physically fit and have sufficiently trained for the Event and that, if appropriate, my physical fitness to participate in the Event has been verified by a licensed medical doctor. I expressly assume all known and unknown risks associated with the Event, including but not limited to: loss of or damage to my property; injury (including death); accidents; the effects of weather; terrain conditions that may vary widely, and that may include uneven and/or slippery surfaces, unpredictable spectators/participants, and natural and man-made obstacles (including without limitation, vehicles, security barriers, signs, cables, mats, and debris on the course); and the possibility that an Event may be postponed, ended early or cancelled altogether by Event or government officials.

In consideration of my participation in the Event, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns (a) waive and release any and all rights, claims and causes of action I have or may have against any Race Organizer (as defined below) that may arise as a result of my participation in the Event; and (b) agree to indemnify, defend, and hold harmless all Race Organizers from and against any and all injuries, losses, causes of action, liabilities, damages, expenses (including attorney's fees and court costs) or claims (collectively, "Claims") that might arise directly or indirectly from my participation in the Event and/or the condition of the course, property, facilities or equipment used for the Event, regardless of when such Claim may arise including, without limitation, Claims relating to (i) theft, loss or disappearance of property, (ii) bodily injury (including fatality), and (iii) property damage, for all claims and losses (including attorney's fees and court costs), which may be brought against any one or more of them by anyone claiming to have been injured or otherwise to have suffered loss or damage as a result of my participation in the Event. For these purposes, a "Race Organizer" is any one or more of the following: US ROAD SPORTS & ENTERTAINMENT OF NEW JERSEY, LLC, THE NEW JERSEY MARATHON & LONG BRANCH HALF MARATHON, US ROAD SPORTS & ENTERTAINMENT GROUP LP, US ROAD SPORTS AND ENTERTAINMENT GROUP OF FLORIDA, LLC, US ROAD SPORTS & ENTERTAINMENT GROUP OF GEORGIA, LLC, US ROAD SPORTS 13.1, LLC, US ROAD SPORTS & ENTERTAINMENT GROUP OF CHICAGO, LLC, HL RACING MANAGEMENT, LLC, FIT NATION FOUNDATION INC, CBANK and each of their respective subsidiaries, affiliates and lenders; Monmouth County; the City of Long Branch; the City of Asbury Park; all governmental agencies representing the territory in which the Event will be held and from which resources (such as, without limitation, fire, police and ambulance personnel) are provided; all sponsors, agents, vendors, medical personnel and contractors and volunteers of or for the Event; USATF officials; emergency (for example, fire and police) and all medical service providers; and the officers, directors, employees, representatives, affiliates, volunteers, agents, successors and assigns of each of the foregoing.

I further grant full permission to any and all Race Organizers to store, use, reproduce and/or resell my image or likeness by any audio and/or visual recording technique (including electronic/digital) now in existence or hereafter invented, for any legitimate purpose, including commercial sales and marketing purposes. I understand and agree that information about me that is collected by the Race Organizers, including without limitation information in the application this form, and my Event results, and any and all medical information that I may disclose to Event medical personnel, may be disclosed to third parties for any legitimate purpose, including research, commercial sales, and marketing purposes, and that it may be subject to re-disclosure by the recipient(s). I also grant the Event medical personnel and their respective agents and designees access to all medical records (and physicians) as needed and authorize medical treatment as needed. I acknowledge and agree to abide by any Official Rules for the Event that may be posted at the Event or on the Event's website or otherwise communicated to me verbally or in writing at the Event by Event officials. I hereby represent and warrant that I am 18 years of age or older or, if applicable, that I am the parent or legal guardian of the child under the age of 18 years old who I am registering for the Event and that I have the full power and authority to agree to these terms on behalf of such child, and to bind him/her to these terms.

X _____
 SIGNATURE OF PARTICIPANT DATE

X _____
 SIGNATURE OF PARENT OR LEGAL GUARDIAN (if participant is under 18 years of age) DATE

WAIVER MUST BE SIGNED