

# ENTRY FORM

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Detach Here and Mail

Please mail this entry with check made payable to "Cape May Point 5 Mile Run," P.O. Box 84, Cape May Point, NJ 08212

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Email: \_\_\_\_\_

**T-SHIRT PICKUP  
AT REGISTRATION  
LOCATION.**

- 2 Mile
- 5 Mile
- BOTH

In consideration of this entry being accepted. I hereby, for myself, my heirs, Executors and Administrators, waive and release any claims that I may have against the Borough of Cape May Point, the sponsors; their representatives, successors, or assignees and any other person associated with the event for any injuries that may be suffered by me in this event. I also give permission for the use of my name and/or picture in any newspaper, broadcast or other account of this event. I certify that I am in physical condition for this event.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature Guardian (if entrant is under 18)