

**30th ANNUAL GREAT CAPE MAY FOOTRACE
MAY 16, 2009**

AT CONVENTION HALL, 720 BEACH AVE AT STOCKTON PLACE

Sponsored by: Chamber of Commerce of Greater Cape May & City of Cape May

5K Fitness Run/Walk & 10K Run – both start at 9:00 AM **CERTIFIED COURSE**

**T-Shirt Size: _____(S,M,L,XL,2XL) T-Shirts guaranteed to registrants up to May 1st.
THIS RACE IS A CHIP RACE. CHIPS MUST BE RETURNED AT END OF RACE OR
BRING YOUR OWN.**

ENTRY Form: _____ (check one) 5k ___ 10k ___
BE SURE TO ENCLOSE PAYMENT & SIGN FORM

LAST NAME FIRST NAME

STREET ADDRESS/P.O. BOX

CITY STATE ZIP GENDER

RACE DAY AGE _____ (if you do not fill in age and gender, you will not be eligible to enter race)

PHONE _____ (for official use only regarding this event)

Entry fee - \$15.00 (\$20.00 day of race)
Entrants 18 and under \$10 (\$12 day of race)
Amount enclosed _____ Ck # _____
Credit Card _____ Exp Date _____

Cardholder Signature _____ (VISA, MC, Am. Express)

Make check payable to: Cape May Chamber. Mail to Great Cape May Foot Race,
P.O. Box 556, Cape May, NJ 08204 Phone (609) 884-5508 FAX (609)884-2054.

WAIVER: In consideration of accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages I may have against the Chamber of Commerce of Greater Cape May, the City of Cape May, Compuscore Racing Systems, and any other supporters or sponsors and their representatives, successors and assignees for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed medical doctor. NO ONE MAY ENTER THIS EVENT WITHOUT SIGNING THIS WAIVER AND COMPLETING THE ENTRY FORM.

SIGNATURE: _____ Date: _____

Parent/Guardian's signature required if entrant is under 18 yrs. of age on race day.

PARENTS SIGNATURE: _____ Date: _____