

**Saturday, November 6, 2010**

**1<sup>st</sup> Annual**

# Race for Respect

Fighting stigma through respect, understanding and change

**5K Run/Walk**

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**ALL PROCEEDS TO BENEFIT OCEAN MENTAL HEALTH SERVICES**

**Building Better Tomorrows, One Life at a Time**

**For Children, Teens, Adults and Families throughout Ocean County**

Time: Registration: 7:30-8:30 am Start Time: Walk: 9:00 am / Run 9:15 am  
Location: Wells Mills County Park, Waretown, NJ  
Course: Relatively flat wide trail  
Entry Fees: **If Post-Marked or Registered by October 22<sup>nd</sup>:**  
5K Run/Walk- \$20.00 (T-Shirt guaranteed)  
**Day of Race:**  
5K Run/Walk- \$25.00 (T-Shirt while supplies last)  
*(Additional donations accepted at registration on day of race)*

Awards: 5K Run- Top 3 overall male and female  
5K Run- Medals to top 3 male and female in several age groups  
5K Walk- Top 3 overall male and female

**Mail payment (or drop off) to: Ocean Mental Health Services, Attn: 5K Run Walk, 160 Atlantic City Blvd, Bayville NJ 08721**

**Register in person: Mon.-Fri. 9am-5pm. or mail to address above**

**Make checks payable to: Ocean Mental Health Services, no refunds will be given**

***Included with Registration***  
***AWARDS \* RAFFLES \* REFRESHMENTS***

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Name: \_\_\_\_\_ Age on 11/6/10: \_\_\_\_\_ M/F: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Check one: 5K Run: \_\_\_\_\_ Shirt Size: Adult: M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_  
5K Walk: \_\_\_\_\_ Youth: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_

**EVENT WILL BE HELD RAIN OR SHINE**

In consideration for accepting this entry & the granting of the right to participate in this event, I, undersigned, intending to be legally bound, hereby, for myself, my heirs, personal representatives, successors, & assigns, waive & release any & all claims for losses and damages I may have against Ocean Mental Health, all volunteers, all sponsors, all their representatives, successors, & assigns, &/or other persons whomsoever for any & all injuries, illness, including death, that may result in participation in said event. I represent & affirm that I am in good physical condition to participate in this event, & verified by a licensed physician, & have sufficiently trained for the completion of this event. I grant to all foregoing, the right to use without fee, my name, any photographs, recordings, or any other record of this event for legitimate purposes.

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

(if under 18 years of age, parent or guardian must sign)

**Make Checks Payable to: Ocean Mental Health Services**

Please do not use my e-mail address for the OceanMHS newsletter mailing list.