



Ocean Mental Health Services

Building Better Tomorrows, One Life at a Time

Race **for** Respect



1st Annual 5K Run/Walk

to Benefit:

Ocean Mental Health Services

Helping Children, Teens, Adults and Families throughout Ocean County

Saturday, November 6th
Wells Mills County Park

Garden State Parkway Exit 69 (Waretown); west onto Well Mill Road, Route 532;
proceed approx. 2.5 miles to park entrance on the LEFT

www.OceanMHS.org/5k-2010/

Saturday, November 6, 2010

1st Annual

Race for Respect

Fighting stigma through respect, understanding and change

5K Run/Walk

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 22nd:**

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

Name: _____ Age on 11/6/10: _____ M/F: _____ Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

Email Address: _____ Date of Birth: _____

Check one: 5K Run: _____
5K Walk: _____

Shirt Size: Adult: M _____ L _____ XL _____
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.