



# Nicole's Heart Foundation



**SPLIT SECOND  
RACING**

BIB NUMBER \_\_\_\_\_

Please Print Clearly

(Check One) Run \_\_\_\_\_ Walk \_\_\_\_\_

First \_\_\_\_\_ Last name \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_ Zip \_\_\_\_\_

DOB \_\_\_\_\_ Age on race day \_\_\_\_\_ (Check One) Male \_\_\_\_\_ Female \_\_\_\_\_

Email \_\_\_\_\_

In consideration of this entry acceptance, I hereby for myself, my heirs, executors and administrators, waive any and all claims for damages I may have against Nicole's Heart Foundation, Monmouth County Park System, Split Second Racing, the representatives, successors or assigns of these organization, race volunteers, and all sponsors for any injuries that may be suffered by me in this event. I will additionally permit the use of my name and pictures in media coverage. I further attest and verify that I am physically able to participate in this event.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent if under 18 years old)