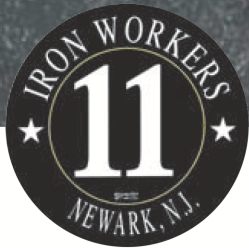


IRON WORKERS LOCAL UNION No. 11 5K

BENEFITING WOUNDED WARRIOR PROJECT



OCTOBER 15, 2016

Brookdale Park, Bloomfield NJ

1 mile walk - 8:30a.m. • 5k Race - 9:00 a.m.



ENTRY FEE - \$25.00

Awards 1st, 2nd, 3rd OVERALL, male/female

Awards 1st AGE GROUPS, male/female

RACE USE ONLY

First name: _____ Last name: _____

Home address: _____

City/Town: _____ State: _____ Zip: _____

Home phone: () _____ Email: _____

Sex: ☐ M ☐ F Age on race day _____ EVENT: ☐ 5k Race ☐ 1 Mile Walk

TShirt adult size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL

For Directions:

- 473 Watchung Ave., Bloomfield, NJ 07003
- OR
- 49 Bellevue Ave., Bloomfield, NJ 07003
(for accessible parking)

Make checks payable to:

IRON WORKERS LOCAL UNION No. 11

Return form and payment to:

IRON WORKERS 5K
1500 BROAD STREET
BLOOMFIELD, NJ 07003

THE FOLLOWING WAIVER MUST BE COMPLETED TO PARTICIPATE IN THIS EVENT: (please, no strollers in 5K race)

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 the Iron Workers Local 11 5k organization, the representatives, successors or assigns of these organizations, race volunteers and all sponsors for any injuries that may be suffered by me in this event. I hereby certify that I am in good physical condition and am able to safely compete in this event. I will additionally permit the use of my name and pictures in media coverage.

Signature: _____ Date: _____

Parent Signature (If entrant is under 18 y/o): _____ Date: _____

www.raceforum.com/ironworkers