



Heroes Run

Event Schedule

8am Registration/Packet Pick up
 8:30am 1 Mile Walk Start
 9:15am 5k Run or Walk
 10am Awards and post run party!
 (Visit our website for more info on awards)

Registration

Online: @ www.bestrace.com
 Mail: form & check (payable to OJC-Heroes Run)
 RE/MAX Heritage Properties– Heroes Run
 259 Main Street, Chester NJ 07930

Entry Fees (no refunds; rain or shine)

Pre-register: \$25 before 9/13 On-Site \$30
 Children 12 and under walking are Free!

For More Information:

Call: Tammy Abrusci: 973-229-3322
 E-mail: tammyabrusci@yahoo.com

5K Fun Run & 1 Mile Walk

**Saturday,
 September 22, 2012
 Main Street, Chester NJ**

**Marine Color Guard
 Starting the Race!**


**RE/MAX Heritage Properties
 Supports our Heroes!
 All Proceeds will be evenly
 distributed to:**



- Operation Jersey Cares
- Chester First Aid Squad
- Chester Fire Department
- Chester PBA

Care package donations will be accepted at the race for troops

Many thanks to our Event Sponsors:

Become a Fan on facebook!  **Look for us under: RE/MAX Heritage Heroes Run**

Mail application with check to RE/MAX Heritage Properties, Heroes Run, 259 Main Street, Chester NJ 07930

First Name: _____ Last Name _____ (M or F) Age as of 9/22 _____ Grade _____
 Address: _____ City: _____ ST: _____ Zip: _____
 E-Mail: _____ Phone: _____ Shirt Size (adult) S M L XL

In consideration of this entry in the RE/MAX Hero's Run or 1-mile Walk, I am aware that participating in any sports activity is a potentially hazardous activity. I assume all risks associated with participation in this event, including but not limited to falls, the effects of the weather, traffic, and other risks associated with the event. All such risks are known and understood by me. I waive all claims to myself, my heirs and assigns against the Township of Chester, and any and all other Event sponsors and their representatives, successors and assigns for any injury or illness which may result from my participation. I further state that I am in proper physical condition to compete in this Event, as certified by a licensed physician. I hereby give my permission to the Township of Chester and event representatives to obtain emergency first aid, if needed. I hereby give my permission to the Township of Chester and all event sponsors to use my name and/or picture in any account of this event without limitation and obligation of compensation therefore.

 Signature of Runner/Competitor Date

 Signature of Parent/Guardian (If runner is under 18) Date

***UNSIGNED REGISTRATIONS WILL **NOT** BE ACCEPTED