16<sup>th</sup>
Annual

## 4-MILE

## WALK/RUN FOR THE RIVER

a scenic loop where walkers will pass streams, pastures, historic buildings, and the beautiful Musconetcong River on this mainly flat course

## A HEALTHY EVENT FOR YOU & THE RIVER

Date: Sunday, May 1, 2016 (Rain or Shine)

Time: **10:00 am** (runners) / **9:45 am** (walkers) / **8:30 am** registration opens Place: **Warren County, NJ** – Asbury Fire Co., 410 Old Main Street, Asbury

(5 minutes off Rt. 78, Exit 7 – registration & parking in back)

## Family Package - \$50

For the price of two entries, the whole family can walk!
Package includes two drawing tickets and two t-shirts
Additional t-shirts can be purchased at \$10 each
Additional tickets for the drawing cannot be purchased

This package is NOT AVAILABLE ON RACE DAY (Registration must be received by April 19, 2016)

Complimentary bagels & bottled water for participants • Free drawing (winners must be present)

The program is not sponsored by the Washington Township School District

| Name: The   | Family  | Total # of walkers:   |
|---|---|---|
| Address:  |   | e-mail :  |
|   |   | Phone #:  |
| t-shirts with package (choose   |   |   |
| ☐ Adult Sm ☐ Adult Med  | d ∟ Adult La  | irge 🔲 Adult XL 🔲 Childs M  |
| Additional t-shirts \$10.00 Each  | h Qty S   | Size(s)   |
| all sponsors and volunteer organizers and their agents or er<br>participating in the "Run for the River" for any claim by me of<br>understand that the MWA, promoters, directors, sponsors and<br>understand that the MWA, promoters, directors, sponsors and | mployees and those owning<br>or my family, estate, heirs ovolunteer organizers do not<br>volunteer organizers are und<br>me being my sole responsib | of Franklin and the Twp of Washington, the promoters, directors and g or having an interest in the facilities used while traveling to or assigns, for any injury or damage that may be suffered by me. I assume responsibility for entrants under the age of 18. I specifically ler no obligation to provide a physical examination or other evidence ility. I have signed this release freely & voluntarily & with a full ions herein. |
| Signature   |   | Date  |
|   |   | Date  |
| Signature of Parent/Guardian (if entrant is under 1   | 8)  |   |

Checks payable to: MWA • Mail to: MWA, PO Box 113, Asbury, NJ 08802