

Bib Number \_\_\_\_\_

Please print clearly				
irst Last name				
City		St	Zip	
Age on race day	DOB	Male	Female	
Email				
In consideration of you accepting all right and claims for damages of State Park, The City of Jersey Cit and their representatives and em and/or damages suffered by me to my heirs, executors, administ my image. I understand they may certify as a material condition to completion of this event and that By submitting this entry, I ackno	or injuries that I may have aga y, Split Second Racing, Race ployees for any and all injurie pefore, during or after the ever rators, or assignee's. I hereby appear on Facebook, website my being permitted to enter the my physical condition has be	ninst the Event Director, Forum and all of their ag s to me or my personal p nt. I recognize, intend an release any and all right es and/or marketing mate nis race that I am physica een verified by a licensec	The NJ 911 Memorial Foundar ents assisting with the event, property. This release include d understand that this release is to any and all photographs erial. I will receive no compen ally fit and sufficiently trained I Medical Doctor.	tion, Liberty , sponsors s all injuries e is binding that include sation. I for the
the above waiver	•			-
Signature(Parent if under 18 years old)	Date	<u> </u>		