



2nd Annual Warren County Race 4 Recovery 5K Run/Walk
 Meadow Breeze Park, 27 Meadow Breeze Lane, Washington, NJ 07882



Date: Saturday, October 5th, 2019
Time: 5K Registration 8:00 -8:45am 5K Race Start Time 9:00am
Course: Meadow Breeze Park, 27 Meadow Breeze Lane, Washington, NJ 07882

Fee/Registration: Pre-registration before Sept. 28th \$25 (T-Shirt Included)
 After September 28th, including Race Day Registration \$30 (T-Shirt included while supplies last)

On-Line Individual & Team registration is available

<https://www.classy.org/event/2nd-annual-warren-county-race-4-recovery/e244189>

Mail in registration option see below

AWARDS

Overall MALE and FEMALE

3 Awards in EACH Category for MALE and FEMALE

14 & under 15-19 20-24 25-29 30-34 35-39 40-44 45-49 50-59 60-69 70+
 FASTEST TEAM

Race Questions: Mary Jo Harris at harrismj@comcast.net or 908-246-5767

Proceeds from this race will support treatment, recovery and advocacy support services offered by:

Parent 2 Parent Addiction Services (80%):

Education, support, advocacy for families and the community at large and the assistance in finding detox, treatment and aftercare for those struggling with substance abuse. Parent2ParentWC@gmail.com

Warren County Recovery Advocacy TEAM (NCADD) (20%)

The Warren County advocacy team is a combination of prevention specialists, people in long term recovery, families in recovery and of loss, and young people that focus on bringing the urgency of addiction and solutions to the public. <http://www.ncaddnj.org>

Mail in option: NCADD NJ 360 Corporate Blvd, Robbinsville, NJ 08691 Att: Heather Ogden- Director
Checks can also be made payable to: NCADD NJ (Memo – Warren County Race 4 Recovery)

Tear off here-Tear off here-Tear off here

I am participating in the: 5K

NAME: _____ **Age:** _____ **Male** _____ **Female** _____

STREET: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Shirt Size: **S** **M** **L** **XL** **XXL**

Individual or Team Name: _____

In consideration for the acceptance of my entry, I, for myself, my executors, administrators, and assignees, do hereby release and discharge NCADD, their employees, officials, officers, volunteers, and all other sponsors for all claims arising or growing out of my participation in the WC Run 4 Recovery 5K Run/Walk Race. I attest and verify that I have full knowledge of the risks involved in this event and that I am physically fit and sufficiently trained to safely participate in the event. I have read and fully understand the content and meaning of this statement.

Signature: _____ (Adult Entrants, Parents/Guardian)

This race is sponsored and supported by NCADD NJ Recovery Advocacy Team 8 – Warren County