Ole Towne Festival 5K

DATE*:*
Friday, June 21, 2019 (Rain or Shine), 6:00 PM Starting Time

COURSE*:*
Flat and fast loop through the downtown flats of Phillipsburg and Delaware River Park

FEE*:*
$20.00
CHECK PAYABLE TO: Phillipsburg Ole Towne Festival
MAIL TO: 158 A Northampton Street, Easton, PA 18045

DIRECTIONS*:*

Set navigation to 353 S Main Street, Phillipsburg NJ 08865.

FROM PA and points west: Rt. 22 east to S. Main Street Exit. Turn left at bottom of ramp. Proceed through two lights and arrive at Shappell Park.

FROM NJ and points east: West to Rt. 22. West to Roseberry St. South (6th light on Rt. 22). Right on Center St, right on Sitgreaves street after passing under train tracks and arrive at Shappell Park in a half mile.

CHECK IN*:* 5:00-5:45 PM at Shappell Park (Sitgreaves & S. Main Streets, Phillipsburg)

COME READY TO RUN - NO LOCKER ROOMS OR SHOWERS

For Additional Information Call: (610) 349-9776

Special Awards Given to Overall Male & Female Winners—**$100 CASH PRIZE TO 1ST OVERALL**!

Age Group Awards

17 & Under (3)

18 - 25 (3)

26 - 35 (3)

36 - 45 (3)

46 - 55 (3)

56 + (3)

Please fill out and return to - Ole Towne Festival, ATTN: 5K Race, 158 A Northampton Street, Easton, PA 18045

PLEASE ENTER ME IN THE OLE TOWNE FESTIVAL 5K. IN CONSIDERATION OF THIS ENTRY BEING ACCEPTED, I, INTENDING TO BE LEGALLY BOUND FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY HAVE AGAINST THE ORGANIZATION HOLDING THIS EVENT, ITSAGENTS, REPRESENTATIVES, SUCCESSORS AND ASSIGNS, FOR ANY AND ALL INJURIES SUFFERED BY ME, CLAIMS FOR DAMAGES OR LOSSES AT SAID EVENT. IT IS MY FURTHER DECLARATION THAT I CONSIDER MYSELF TO BE IN EXCELLENT PHYSICAL HEALTH ANDTHAT I HAVE SUFFICIENT TRAINING SO AS TO BE IN PHYSICAL CONDITION THAT WILL ENABLE ME TO PARTICIPATE IN AND COMPLETE THE RACE. I ASSUME ALL RISKS ASSOCIATED WITH RUNNING IN THIS EVENT INCLUDING, BUT NOT LIMITED TO FALLS, CONTACT WITH OTHER PARTICIPANTS, THE EFFECTS OF WEATHER, INCLUDING HHIGH HEAT OR HUMIDITY, TRAFIC AND THE CONDIDTION OF THE ROAD, ALL SUCH RISK BEING KNOWN AND APPRECIATED BY ME. THIS FORM MUST BE SIGNED BY PARENT OR GUARDIAN IF APPLICANT IS UNDER 18.

PLEASE PRINT

NAME_____AGE_____MALE_____FEMALE_____

STREET_____CITY_____STATE_____ZIP_____

PHONE_____SIGNATURE_____

E-MAIL_____ (Adult Entrant, Parent/Guardian) Please Circle One