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Freehold Area Running Club

2027

44th Annual Winter Race Series

MEMBER RRCA

Held on 5 Consecutive Sundays

Jan. 3, 10, 17, 24 and 31

5K Starts at 10am

Michael J. Tighe Park, Georgia Rd, Freehold

Indoor facilities, soup and other refreshments for all participants.

Awards: Top 3 overall male and female; Top 3 male and female in the following age categories:
14-under, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69,70-79,80 +
Top 3 male and female Race-Walkers. Top 3 male Clydesdales (200+) and female Athenas (160+)
NO DUPLICATE AWARDS

Due to safety concerns we must prohibit S*trollers/Baby Joggers, Head Phones, Dogs and Runners in Costumes* in the Race. We appreciate your compliance.

*** No Preregistration; Race Day Sign Up Only ***

Entry Fee for 5K: $8.00 FARC Members - $5.00 22 Years and Under - $5.00

Event: Run or Walk (Circle one) **Clydesdale or Athena** (Circle one if applicable) **FARC Member: YES or NO** (Circle one)

Name: _____ Age:_____ Sex: _____

Address: _____City: _____State:____

Zip: _____Phone #:_____ E-Mail:_____

I know that running a Road Race is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I consent to and attest that I have read the rules of the race and agree to abide by them. I consent to and assume all risks associated with running in this event, including but not limited to: falls, physical contact with other participants, volunteers, race personnel, contract service providers, employees, and spectators including the potential contraction of a communicable disease resulting from contact with other participants, volunteers, race personnel, contract service providers, employees, and spectators. I consent to and assume all risks including: the effects of the weather; high heat and/or humidity; freezing cold temperatures; traffic and the conditions of the road (or trail, sidewalks, etc.) including surrounding terrain, and animals both wild and domestic. I further agree to abide by the Center for Disease Control's (CDC) recommendations for the prevention of the spread of communicable diseases. I assume all such risks being known, appreciated, and accepted by me. I understand that bicycles, skateboards, baby joggers/strollers, roller skates or inline skates, pet animals, and personal music players are not allowed in the race, and I will abide by all race rules. Having read this waiver and knowing these facts and inconsideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Freehold Area Running Club and its Annual Winter Race Series, Michael J. Tighe Park in the city of Freehold Township, New Jersey, and the Road Runners Club of America, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. In addition, I acknowledge the contagious nature of communicable diseases and voluntarily assume the risk that I may be exposed to or infected by communicable diseases by participating in this event. I acknowledge that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to a communicable disease in connection with my participation in this event and personally assume this risk. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purposes. I understand that this event does not provide for refunds in the event of a cancellation, and by signing this waiver, I consent that I am not entitled to a refund if the event is cancelled before or during the event.

Signature: _____ Date: _____

Parent's Signature if under 18 Years: _____Date: _____

****For information visit farcnj.com ****