



Saturday, October 11, 2014 at 9:30 a.m.

Registration, check in begins at 8:00 a.m.

Montville Library, 90 Horseneck Rd, Montville, NJ 07045

TROPHIES: TOP 3 MALE & FEMALE 5K / 5 Mile PARTICIPANTS

OVER 60 MEDALS Male/Female— 7-10, 11-12, 13-14, 15-19, then 10 YR AGE GROUPS 20 - 80+
TOP 3 LARGEST TEAMS // TOP MOST REPRESENTED H.S. CLUB OR GROUP TEAM AWARD

Participants receive SHORT SLEEVE T-Shirts & GOODIE BAG while supplies last.

5K run/walk ♦ 5 Mile Run Registration Fees:

\$20 Early Registration (to September 1st)

\$25 Regular Registration (by October 4th)

\$30.00 Through Race Day 9:15 a.m. Individual Registration (October 11th)

Individual Youth 7 years to 18 years old entry \$15 thru race day

\$3.00 Registration Discount for USATF-NJ Members by October 4th

For information: Call Andy Ball 973-222-8748 or Email: andyran2832@yahoo.com

Online Registrations visit www.EverythingGibby.com or www.runsignup.com.

Online Closes 10/10/14 Friday Noon

Age on Race Day _____ Birth date: ____/____/____ Male _____ Female _____ Shirt size: S M L XL XXL

Last Name _____ First Name _____

Street _____ City _____ State _____ Zip _____

Phone _____ E-mail _____

2014 USATF-NJ# _____ Grand Prix Scoring only -Est.USATF Finish Time _____

Corp Coed Team of 5 or more Open Coed Team of 5 or more

Bib# _____

5K _____ **or 5 Mile** _____ **Team Name** _____

Please make checks out to:
David Gibson Memorial Scholarship

Enclosed Payment: Cash _____ Check # _____
Attn: Val Gibson 139 Changebridge Rd, Montville, NJ 07045

In consideration of your acceptance in the Gibby's Gallop 5K/5M, I, the undersigned, intending to be legally bound, for myself, my heirs, executors and administration, waive and release any and all right and claims for damages, and hold harmless, any sponsoring organization (Township of Montville, Gibby's Gallop, Montville Township Board of Education, Main Street Marketing & Events, County of Morris, RunSignUp.com, and co-sponsors, their representatives, successors, agents, servants or employees, and assignees for any and all injuries suffered by me in said run. I recognize that I must be in good health and of sufficient training and experience in order to participate, and state furthermore, that my ability to participate in and successfully compete in this event has been attested to by a qualified physician or certified fitness consultant. I hereby grant permission to the Gibby's Gallop 5K/5M to use photos that may include myself for promotion and publicity, and understand that if the Run cannot be held due to an act of God or circumstances beyond control, the Race is not liable to refund any money paid by me to participate. With my signature, I acknowledge that I have read and accept these terms under which my entry is made.

Signature _____

Date _____

Parent /Guardian for child under 18 years old