

# Glassboro 5 Miler

*Dedicated to Browning Ross*



**Date:** Sunday, February 28, 2021  
**Time:** 1:00 pm (registration opens at 12:00 pm)

**Location:** **Harrison G. Shaw Sr. Bike Trail**  
**Off of Delsea Drive (Route 47), Glassboro, NJ**  
Registration & start of race will take place in the parking lot at the beginning of trail at Awalt Drive (off of Delsea Drive, Route 47) next to Acenda Integrated Health, 42 Delsea Dr S, Glassboro, NJ 08028

**Course:** Flat, accurate 5 mile course.

**Awards:** Overall male and female. 1<sup>st</sup> place Masters male & female. Top 3 male & female finishers in the following age categories: 14 & under, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70 & over.

**Amenities:** T-shirts to the 1<sup>st</sup> 50 entrants.

**Entry Fee:** \$20 pre-registration (before 02/15/2021). \$25 race day.



**Race info:** Ringo Adamson 856-904-3543 or [tuffgangrunning@yahoo.com](mailto:tuffgangrunning@yahoo.com)

**Payment:** Venmo: @sjtca2020, Cash, or Check

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**CHECKS PAYABLE:** Tuffgangrunning or Venmo @sjtca2020  
**MAIL TO:** c/o Derick Adamson  
112 Nursery Drive  
Glassboro, NJ 08028

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## ENTRY FORM – GLASSBORO 5 MILER

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone w/area code \_\_\_\_\_ AM - PM Race Day Age \_\_\_\_\_ GENDER: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ email address: \_\_\_\_\_

Waiver & Release . . . All Participants Must Sign

In consideration for accepting this entry, and the granting of the right to participate in this event, I, the undersigned, intending to be legally bound, hereby, for myself, my heir, personal representatives, successors, and assignees, waive and release any and all claims for losses and damages I may have against like Willis 5K organizers, Town of Glassboro, Partners, Officers, Sponsors, all representatives, successors, and assignees and/or any other person whomsoever for any and all injuries, illness, including death, that may result from my participation in said event. I represent and affirm that I am in proper physical condition to participate in this event, and verified by a licensed physician, and have sufficiently trained for the completion of this event. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNED THIS RELEASE AND WAIVER.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian Signature required if entrant is under 18 years of age)