

The Chimney Rock 5-Miler



“Out of the valley and into the hills!”

5M Trail Run through Washington Valley County Park

When: Saturday March 26th, 2016; 9:00am (registration opens at 8:00am)

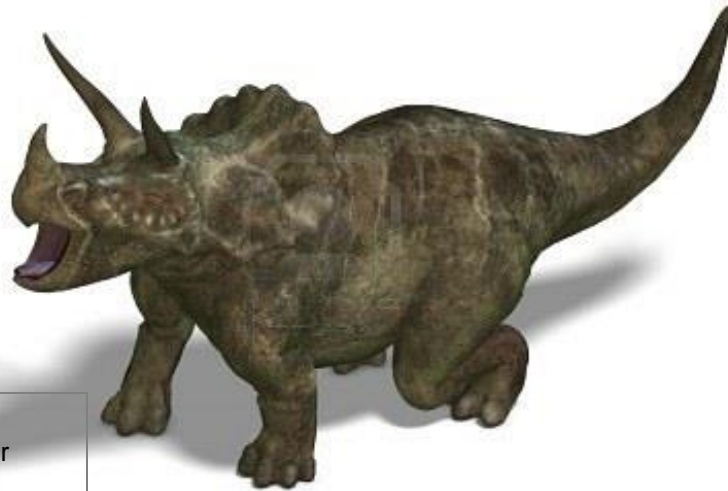
Where: Chimney Rock Park, Chimney Rock Road, Martinsville, NJ 08836

Registration & Fees: Pre-registration (before 3/24/15): \$20 (\$15 RVRR club members)
Post-registration and day-of: \$25 (all)

For more information: www.rvrr.org Online reg. at <http://www.rvrr.org/rockrun/>

Course Info: With 2,000 ft.+ of elevation over 5 miles of serious trails in Washington Valley Park, the Chimney Rock 5 is here to cure your hibernation blues. Rocks, roots, ruts and maybe even a triceratops or two, Chimney Rock's got them all!

Awards: Top 3 Male & Female Finishers –
Custom Quarry Rock Trophies
Top 2 M/F Age Group Awards



Post-race pizza & Refreshments at
the Chimney Rock Inn,
800 Thompson Ave. Bound Brook, NJ 08805

Directions: <http://tinyurl.com/49upkuq>

Questions: rockrun@rvrr.org

Make checks payable to:
Raritan Valley Road Runners c/o Chimney Rock 5-Miler
156 Louis Street
New Brunswick NJ 08901

In consideration for being allowed to participate in this event, I personally assume all risks relative to my safety, including but not limited to falls, contact with other runners, the effects of the weather, traffic and the conditions of the course. I release the Raritan Valley Road Runners, all organizing committees, the Townships of Bound Brook and Bridgewater, Chimney Rock Inn, New Jersey American Water, Stavola Industries, Somerset County Parks Commission, all volunteers, sponsors, representatives and successors from any and all claims by me, my family, heirs or estate for injury or damage which may occur due to my participation. I certify that I am physically fit and qualified to participate, and agree to abide by any decision of a race official relative to my ability to complete the race.

Name: _____ Age on Race Day: _____

Address: _____ City, State, Zip - _____

Gender: M / F Phone: _____ Email: _____

Participant Signature

Parent/Guardian (if under 18)

Emergency Contact & Phone