Monmouth County Park System

48th Annual
E. Murray Todd Half Marathon

Sunday March 9, 2025

8:30am Start Time

Brookdale Community College

Collins Arena, Lincroft, NJ

Refreshments sponsored by Wegmans

- The 13.1 mile course loops through residential sections of Lincroft, Holmdel, Colts Neck and Thompson Park.
- Race medals will be awarded to all registered finishers.
- Additional awards presented to 1st through 10th place overall men and women.
- **Timing chips are used to time this event.**
- Race day registration fee: **$60.00** — accepted 7:00am - 8:15am on race day (shirt included while supplies last).
- We accept cash, credit, and check. Please make all checks payable to: Board of Recreation Commissioners.
- Questions? Contact 732-542-1642, ext. 4646, or email michael.williams@co.monmouth.nj.us.
- Course map and additional information can be found on the "Activities" page at www.monmouthcountyparks.com.

Registration fees offset the operating expenses associated with this race.
Net proceeds support recreation programs for county residents of all ages and abilities.

Program #: X1052X

Monmouth County Park System
2025 E. Murray Todd Half Marathon

Last Name:_____ **First Name:**_____ **Gender:** M F

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone (daytime):_____ **Email:** _____

Adult Shirt Size: S M L XL XXL **Age on race day:**____ **Payment Type:**_____ **Bib #**_____ **Run**____ **Race Walk**____

How did you hear about this race? Directory Website Word of Mouth In-Store Race Forum Race the State Other _____

WAIVER
Please Read Carefully and Sign

In consideration of the acceptance of my application for entry in the E. Murray Todd Half Marathon, I, the undersigned, intending to legally bind myself, my heirs, executors, and administrators, hereby waive, release and hold harmless the Monmouth County Board of Recreation Commissioners; Monmouth County Board of County Commissioners; the municipalities of Middletown, Holmdel, and Colts Neck; Brookdale Community College, and any person or entity associated with the race from any claims for damages of any nature arising out of my participation in the event.

I recognize that I must be in good health and of sufficient training and experience to participate in the event. I further state that my ability to participate in and successfully compete in this event has been attested to by a qualified, licensed physician. I also give permission for the use, without fee, of my name and picture in any broadcast, telecast or print media account of this event for promotional and publicity purposes. I further acknowledge that I have read and accept these conditions under which my entry is made.

_____ _____

PARTICIPANT'S SIGNATURE DATE

_____ _____

PARENT OR GUARDIAN'S SIGNATURE, IF UNDER 18 DATE