



**Eastern Bank**

trueblue<sup>SM</sup> Presents *The Second Annual*

# **OFFICER JAMIE COCHRANE MEMORIAL ROAD RACE**

[www.cochraneroadrace.com](http://www.cochraneroadrace.com)

## **10K ROAD RACE – 5K RUN/ FUN WALK – FREE KIDS FUN RUN**

Officer Jamie Cochrane “S6” was an eight-year Quincy Police Veteran. He spent most of his career in the Special Operations Unit. Jamie was a kindhearted police officer who always went the extra mile. On September 10, 2006, Officer Cochrane was killed while riding his motorcycle. This race is held in Jamie’s memory and all proceeds will go to various charities.

Date: Sunday, September 13, 2009 / Time: 10:00 a.m. Sharp

Entry Fee: \$25.00

Refreshments to all attendees,  
DJ, Raffles, kids activities

**\*\*\*\* T-Shirts provided to first 700 registrants \*\*\*\***

*Registration 09/13/2009 from 8:00 - 9:30 a.m. @ Pageant Field, 1 Merrymount Pkwy*

*T-Shirts to first 700 registrants*

*Bib # pickup on Saturday, 09/12/2009 @ Pageant Field 2:00 PM - 5:00 PM*



**Course: Start and finish outside Adams Field**

**Fast flat course including three miles of beachfront road**

Prizes: To all 1st, 2nd, and 3rd place division finishers / Timing: Spitler Race Systems

**Full Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Tel:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**T-Shirt Size:** \_\_\_ Med \_\_\_ Lg \_\_\_ XL \_\_\_ XXL  
**D/O/B:** \_\_\_\_\_ **Age on Race Day** \_\_\_\_\_  
**Wheelchair Division:** \_\_\_\_\_

**Entrance Form – Please Print**

**Please mail your non-refundable check, made payable to**

**The Cochrane Memorial Foundation, to:**

**The Cochrane Memorial Foundation**

**PO BOX 690268**

**Quincy, MA 02269-0268**

**Telephone#: 617-576-9860**

**Circle One In Each Category**

**Sex:**                      Male      Female

**Distance:**              10K      5K

**Law Enforcement Officer:**    Yes      No

I hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Sponsors, coordinating groups and any individuals associated with the event, the representatives, assessors and assigns will hold them harmless for any and all injuries suffered in connection with this event. I attest that I am physically fit to compete in the Cochrane Road Race. Further, I grant full permission to any and all of the foregoing to use my photographs, videotapes, motion pictures, recordings or any other records of this event for any legitimate purpose. **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_