



**Start & Finish:**  
**Spruce Run Recreation Area**  
 68 Van Syckels Road, Clinton, NJ  
 Rain or Shine

**Registration by Mail:**  
 Freedom House  
 5K Run & Walk  
 2004 Route 31 North  
 Unit 1, Lower Level  
 Clinton, NJ 08809

**Schedule of Events:**  
 7:30 am - Check-in begins  
 9:00 am - 5K begins  
 12:00 pm - Awards

**Saturday May 3, 2014**

**Entry Fees:**  
 Adults: \$25  
 Ages 6 – 12: \$10  
 5 and Under: FREE

**Awards:**

- Top 3 overall male & female
- Top 3 male & female per age group in 10 year age groups, 14 & under through 70+
- 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+

T-shirts and race packets while supplies last; refreshments and music.

**Timing and Scoring by BEST Racing Systems**

Race results will be posted at [www.BESTrace.com](http://www.BESTrace.com)

**Join us for a 5K Run & Walk at scenic Spruce Run Recreation Area in Clinton, NJ to benefit Freedom House Foundation and the Save-A-Life Scholarship Fund.**

Name \_\_\_\_\_ M F \_\_\_\_\_  
 Gender Age on Race Day

Street \_\_\_\_\_

City, ST, Zip \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

T-shirt size \_\_\_\_\_



**Freedom House Foundation**

**WAIVER OF LIABILITY:** In consideration for the acceptance of my entry, I, on behalf of myself, my heir, executors, administrators, and assignees, hereby release myself and discharge the State of NJ DEP / SPS and Spruce Run Recreation Area, Township of Clinton, High Bridge Emergency Squad, New Jersey State Park Police, Freedom House Foundation, associated sponsors, volunteers and all other sponsors or beneficiaries and their representatives, successors and assignees for all claims for damages and causes of action arising from or out of my participation in Freedom House 5K Run & Walk. I attest that I am physically fit for this event. I hereby certify that I have read all the terms and conditions of this of this release and intend to be legally bound thereby.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

Method of Payment

Credit card       Check (Make check payable to Freedom House Foundation)

Credit Card # \_\_\_\_\_ Exp. date \_\_\_\_\_ CVC \_\_\_\_\_

Signature \_\_\_\_\_

**2004 Route 31 North**  
**Unit 1, Lower Level**  
**Clinton, NJ 08809**  
**Phone: 908.617.5492**  
**Fax: 908.617.5548**  
**Email: [events@freedomhousenj.org](mailto:events@freedomhousenj.org)**  
**[www.freedomhousenj.org](http://www.freedomhousenj.org)**