

**U.M.D.N.J. - Robert Wood Johnson Medical School**  
**H.I.P.H.O.P. Presents the 11<sup>th</sup> Annual**  
**5K Fun Run/Walk**

All proceeds from this fundraiser will be donated to St. John's Family Health Center, Promise Clinic, and community outreach sites that are committed to care for the needs of the underserved.



Organized by: UMDNJ/RWJMS-Homeless and Indigent Population Health Outreach Project (H.I.P.H.O.P.)

**Date: Saturday, April 10, 2010**

**Time: 10:00 am**

**Registration: 8:30 am**

**Where: Johnson Park, Piscataway, NJ**

**Rain or Shine, No Rescheduling Date**

**Entry fees:**

- \$15.00 for registration
- \$12.00 for students
- Team Rate: \$10 per person for teams of 7 or more

**Starting Point:** East of Landing Lane—across from petting zoo (look for signs)



**First 200 people to register receive a T-shirt Certified 5K Course**

**For more information:** Call: H.I.P.H.O.P. Office (732) 235-4198  
 Email: chughmo@umdnj.edu or susan.giordano@umdnj.edu

**WAIVER:** I, the undersigned, know that running is a potentially hazardous activity. I should not enter unless I am medically able. I agree to abide by any decision of a race official relative to my ability to safely complete the race. I assume all risks associated with running in this event, including but not limited to falls, contact with other runners, the effects of the weather, including high heat and humidity, traffic and the conditions of the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of my entry, I for myself and anyone entitled to act on my behalf, waive and release UMDNJ, the township of Piscataway, and all of their liabilities of any kind arising out of my participation in this event even though liability may arise out of negligence or carelessness arising on the part of the persons named in this waiver.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Age on race day \_\_\_\_\_ Gender: M / F T-shirt Size \_\_\_\_\_ Where did you hear about this event? \_\_\_\_\_

Team Name \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Please check here if you would like to be omitted from running.com email updates.

Signature of participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent / guardian (if under 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_

**Mail form and entry fee to:** H.I.P.H.O.P.  
 Attn: Susan Giordano/Office of Community Health  
 UMDNJ-Robert Wood Johnson Medical School  
 675 Hoes Lane, Room N-116, Piscataway, NJ 08854  
**Make checks payable to: UMDNJ-H.I.P.H.O.P.**