

U.M.D.N.J. - Robert Wood Johnson Medical School
H.I.P.H.O.P. Presents the 13th Annual
5K Fun Run/Walk

All proceeds from this fundraiser will be donated to Promise Clinic and will fund community outreach programs that are committed to caring for the needs of the underserved.



Date: Saturday, April 14, 2012

Time: 10:00 am

Registration: 8:30 am

Where: Johnson Park, Piscataway, NJ

Rain or Shine, No Rescheduling Date

Entry fees:

- \$14.00 for registering before March 19, 2012
- \$15.00 for registering after March 19, 2012
- Team Rate: \$12.00 per person for teams of 5 or more (no teams after March 19, 2012)

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

For more information: Call: H.I.P.H.O.P. Office (732) 235-4198; Email: solskyib@umdnj.edu or susan.giordano@umdnj.edu or download the registration form @ http://rwjms3.umdnj.edu/hiphop_new

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



First 200 people to register receive a T-shirt



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.