

H.I.P.H.O.P. Presents the 15th Annual 5K Fun Run/Walk

All proceeds from this fundraiser will be donated to Promise Clinic, community sites committed to caring for the needs of the underserved and will fund community outreach events.

Date: Saturday, April 5, 2014

Time: 10:00 am

Registration: 8:30 am

Where: Johnson Park, Piscataway, NJ

Rain or Shine, No Rescheduling Date

Entry fees:

- \$14.00 if registering before March 12, 2014
- \$15.00 if registering after March 12, 2014
- Team Rate: \$12.00 per person for teams of 5 or more (no teams after March 12, 2014)

Starting Point:: Off River Road—park entrance is Violet Drive.
Parking is on your right of park entrance. The start line is by kiosk/restrooms.

For more information: Call: H.I.P.H.O.P. Office (732) 235-4198; Email: mathewjm@rwjms.rutgers.edu or susan.giordano@rwjms.rutgers.edu or download the registration form at <http://rwjms3.umdnj.edu/hiphop/5KRun.html>



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 Rutgers, 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: HIPHOP
Attn: Susan Giordano/Office of Community Health
Rutgers-Robert Wood Johnson Medical School
675 Hoes Lane, Rooms N-116, Piscataway, NJ 08854
Make checks payable to: Rutgers RWJMS/HIPHOP