



# RUTGERS

Robert Wood Johnson  
Medical School

## H.I.P.H.O.P. Presents 21<sup>st</sup> Annual 5k Fun Run-Walk



September 26, 2020  
JOHNSON PARK, PISCATAWAY  
START AT 9 AM  
REGISTRATION AT 8 AM

**INDIVIDUAL RATE:**  
\$25 BEFORE 8/20/2020  
\$30 AFTER 8/20/2020

**TEAM RATE:**  
\$20/PERSON FOR TEAMS OF 6+  
(NO TEAMS AFTER 8/20/2020)

To register online: <https://runsignup.com/Race/NJ/Piscataway/HIPHOP5k>

**First 75 registrants get a free t-shirt**

For more information call: (732)-235-4198

Email: [susan.giordano@rwjms.rutgers.edu](mailto:susan.giordano@rwjms.rutgers.edu) or [dr813@rwjms.rutgers.edu](mailto:dr813@rwjms.rutgers.edu) Note: Run/walk parking lot and starting point line is off River Road—Violet Drive parking lot.

*All proceeds go towards the Homeless and Indigent Populations Health Outreach Project (HIPHOP); Promise Clinic, Community Health Initiative, Local Interdisciplinary Care Collaborative, and community sites committed to caring for the needs of the underserved, which will fund community outreach events and initiatives.*

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 State University of New Jersey, 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: (circle one)  
Small Medium Large X-large

Team Name \_\_\_\_\_ Where did you hear about this event? \_\_\_\_\_

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

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

Email \_\_\_\_\_

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