

# 5K Run and 2K Family Walk

Sunday, April 7, 2013

Livingston High School Oval 30 Robert Harp Drive • Livingston NJ 07039

## Schedule of Events

8:30am Registration

10:00am 5K Run & 2K Walk Begin

10:45am Kids Sprints

11:00am 5K Awards Ceremony



Please make checks payable to Saint Barnabas Medical Center Foundation 95 Old Short Hills Road West Orange, NJ 07052

Questions? Call 973-322-4331 or email korlando@barnabashealth.org

## **Entry Fees**

Pre-registration - \$20 (by 4/4/13) Day-of-registration - \$25 2013 USATF-NJ Members - \$17 Children ages 12 and under FREE

T-shirts are guaranteed to pre-registrants and while supplies last on event day

#### **Awards**

Top 3 overall M/F Top 3 in 5 year age groups M/F (14 & under, 15-19, 20-24, 25-29 through 85+)

### **Door Prizes:**

All registrants are automatically entered for a chance to win an iPad or Flat Screen TV

# Course Description

USATF certified 5K course offering quick and flat sections and a few inclines. Timers at miles 1 and 2, clock at finish. Park and residential roads with water along the route.

Day Will Include:

Music

Family-Friendly Entertainment

Refreshments

**Great Door Prizes** 

USATF-5K Certified Course

Proceeds to benefit the Saint Barnabas Medical Center Pediatric Epilepsy Program

■ ■ BARNABAS HEALTH
■ ■ Saint Barnabas Medical Center Foundation

To register online, please visit saintbarnabasfoundation.donordrive.com/event/hope5k/

First Name:	Address:
Last Name:	City:
Birthdate: Age (on race day): Gender:	State: Zip:
Team Name: Team Captain:	Phone:
Event: □ 5K □ Family Walk □ Kid Sprints	Email:
Shirt Size: 🗆 YS 🗆 YM 🗀 YL 🗀 S 🗆 M 👝 L 🗀 XL 🗀 XXL	2013 USATF-NJ #:

Waiver: By submitting this registration I agree to indemnify and hold harmless Barnabas Health and Sports Action Reaction, LLC from all claims, damages, losses, liabilities, costs and expenses arising out of my or my child's participation in this event to benefit programs, services, research and equipment related to care of children with epilepsy and other seizure disorders for Saint Barnabas Medical Center. I do hereby waive any and all claims, damages losses, liabilities, costs and expenses incurred by me or my child with respect to our person or property which may be caused by any act, or omission, by Barnabas Health and/or its affiliates and any and all officers, agents or employees thereof arising directly or indirectly from my or my child's participating in this event; and I hereby assume liability for any claims, damages, losses, costs and expenses from such event. I certify that I am physically able to compete in this event. I agree to abide by and cooperate with the instructions/decisions of the race officials and understand that safety is the top priority of this event. I understand that dogs, other pets, in-line skates, skateboards, biocycles and similar devices are not allowed on the course. I understand that my entry fee is non-refundable. I grant full permission to the organizers to use photos, videos, film or any record of this event in which I may appear for any legitimate purpose, without further consent or approval on my part.