14th Annual



Thursday, June 11, 2015

Rain Date: June 18, 2015

Benefiting the Hope for Veterans® programs for homeless veterans.

Location: Lyons VA Campus

151 Knollcroft Road Lyons (Bernards Twp.), NJ

Time: Check in at 6:00 PM

Race Starts at 7:00 PM Walk Starts at 7:15 PM

<u>Course</u>: USATF Certified/Sanctioned Event

Water Stops along course & finish

Race Timing: Best Racing Systems

New ChronoTrack System B-Tags

Results available at:

www.bestrace.com/mobile

Pre-Register Online at:

www.hopeforveterans.org/5k

Entry Fees - Non-Refundable:

5K Run \$25 (until June 10th) after and day of \$30 USATF \$22 (until June 10th) after and day of \$28

Fun Walk \$15

Awards

1st, 2nd & 3rd Overall Male/Female 1st, 2nd & 3rd in 5 year age groups 10 & under, 11-84, 85+ 1st, 2nd, and 3rd Overall Teams





Official Entry Form - Pre-registration ends June 10, 2015 at Noon

Make checks payable to: Community Hope, Inc.

Mail check & form to: Wendy Huelsenbeck Community Hope, 959 Route 46 East, Suite 402, Parsippany, NJ 07054

Last Name	First Name					
Address	Ci	ty	State	Zip	Phone	_
	M F	S M L XL	Fun Walk	5K		
DOB	Gender (circle)	T- Shirt (circle)	(circle)		USATF NJ #	
Team Name (if applicable)		Ca	aptain		_	

Runners/Walker and Teams raising \$1,000 or more by May 8th will be listed on the Runners' Shirts.

Please read carefully and sign Release and Waiver of Liability: I know that running a road race is a potentially hazardous activity and that I should not enter and run unless I am medically able and properly trained. I agree to abide by any race official relative to my ability to safely complete the run. I assume all risks associated with running this event including but not limited to falls, contact with other participants, the effect of the weather, 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 your accepting my entry, I, myself and anyone entitled to act on my behalf, waive and release Community Hope, all race volunteers and all sponsors, their representatives, employees and successors from any and all claims and liabilities of any kind arising out of my participation in this event or carelessness of the person named in this waiver. Furthermore, I grant to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for legitimate purposes.

Signature (if over 18)	Date	
Parent or Guardian Signature (if under 18)		



