

# 5<sup>th</sup> ANNUAL **STOP FOR NIKHIL** RUN/WALK SUNDAY, SEPTEMBER 20, 2015



Please complete and sign. Please print clearly.

## DATE & LOCATION

Sunday, September 20, 2015  
West Orange High School

## REGISTRATION

By mail or online at [www.stopfornikhil.org](http://www.stopfornikhil.org)  
Checks payable to Nikhil Badlani Foundation  
22 Florence Place, West Orange, NJ 07052

## SCHEDULE

**7:30 AM** Registration Begins  
**9:00 AM** Ceremony  
**9:30 AM** 5K Run  
**9:45 AM** 3K Walk  
**10:30 AM** Kids Run

## ENTRY FEES (until 9/18/2015)

Adults \$20  
Kids \$15 (ages 5-13, children under 5 are free)  
**Same day registration: Adults \$25 Kids \$20**

**RAIN  
OR  
SHINE!**

LAST NAME \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

TEAM NAME \_\_\_\_\_

List information for all participants below:

Name	Event 3K/5K	T-Shirt SM / M / L / XL	Age	M/F	Total (\$)	Bib #
Additional Donation						
<b>Total</b>						

I cannot participate, but I would like to make a contribution of \$ \_\_\_\_\_

### Waiver and Release:

Entries submitted without a signed Waiver Form ("WAIVER") will be returned. THIS WAIVER IMPACTS YOUR LEGAL RIGHTS-PLEASE READ IT CAREFULLY. Your signature below signifies you have read, understand the significance of and agreed to the WAIVER and each of its terms:

WAIVER: In consideration of my, and/or my child's/dependent's participation in the 2015 STOP FOR NIKHIL Run/Walk, to be held on Sunday, September 20, 2015 ("Event"), on behalf of myself, my child/dependent, all heirs and all assigns, I release and hold harmless The Nikhil Badlani Foundation, Inc., and/or any other sponsors, organizers and volunteers and their assigns, successors and heirs from any and all liability, loss, including any injury/death to any person; damage, expense, cost of every nature, and any cause of action (including negligence) arising from and in connection with my and/or my child's/dependents participation in this Event. I and my child/dependent are in good health and able to participate in this Event. If I and/or my child/dependent need emergency medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I and/or my child/dependent are voluntarily participating in this Event, and I acknowledge and willingly assume the risk of any possible injury, death or damage my and/or my child's dependents participation may cause. Further, I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, and any other record of this event for legitimate purposes.

Adult #1 Signature or Parent/Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Adult #2 Signature or Parent/Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

The Nikhil Badlani Foundation is a non-profit, 501(C)(3) organization, and qualifies for tax deductible contributions.

Cash: \_\_\_\_\_ Check/CC #: \_\_\_\_\_