



# Beyond Borders

## 5K Run & 1 Mi Walk



Presented by the Robbinsville High School Interact Club  
 ~Proceeds Benefit *Doctors without Borders*~  
**\*Sunday April 6, 2008 at 10 am\***  
**At Robbinsville High School**  
 Registration/Check-in begins at 8am

### Online Registration at [www.RHSInteract.com](http://www.RHSInteract.com)

Long sleeve T-shirt to all pre-registered entries (same day entries while supplies last)

- Fast, computerized results
- Awards to the top male and female and the top three runner in their age group
  - **Age Groups:** 14 & under, 15-19, 20-29, 30-39, 40-49, 50-60, 60 and over
- Post Race food and beverages

**For information call:** 609-610-5050

**Entry fee:** \$17 before March 30 (\$15 for USATF Members), \$20 on race day

**Make Checks Payable to:** Robbinsville High School

**Mail to:** RHS Interact, 155 Robbinsville Edinburg Road, Robbinsville NJ 08691

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In consideration of your accepting this entry to the Beyond Borders 5K Run and 1Mi Walk, I waive all claims for myself, my heirs, and assigns against the Robbinsville High School Interact Club and all sponsors and promoters for injury or illness which may result from my participation. I further state that I am in proper physical condition to compete in this race. In addition, I attest that I fully understand the considerable risk involved in running a 5K race and/or 1 Mile walk in cold, snowy, slippery, and icy conditions, and I will adjust my pace accordingly. In no instance or circumstance will I bring suit upon any person/s or any entity or agency associated with the conduct of the RHS Interact's Beyond Borders 5K Run and 1 Mile Walk. I fully understand and agree with the content of the waiver I am signing.

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_ **Shirt Size** (circle one): S M L XL

**Sex:** M \_\_\_ F \_\_\_ **Date of Birth:** M \_\_\_ D \_\_\_ Y \_\_\_ **Age On Race Day:** \_\_\_\_\_

**Check One:** 5K Race \_\_\_\_\_ 1 Mile Walk \_\_\_\_\_ **USATF Number:** \_\_\_\_\_

**Signature** \_\_\_\_\_ (Parent or Guardian if under 18)