



3rd Annual 5K Run/Walk

Sponsored by Nuzzi Chiropractic
Family and Sports Center

September 14th

(Rain date: September 21st)

TO BENEFIT:
**THE CANCER CENTER FOR
WOMEN'S HEALTH**
AT HACKENSACK UNIVERSITY MEDICAL CENTER



Location:
McBride Field (Across from the Market Basket)
Franklin Lakes Road, Franklin Lakes

Schedule:
8 AM: Registration, Breakfast & Stretching
10 AM: 5K Run/Walk
12 Noon: Awards

Fees:
5K Registration \$20 (\$25 after September 5th)
Pledges Encouraged

Prizes:
Prizes awarded to: top three individual fundraisers and top 3 Men and Women overall, as well as top 3 Male and Female in each age group: 10-14, 15-19, 20-29, 30-39, 40-49, 50-59, 60+ (no duplicate awards).

Course:
Residential area, mostly flat course with 2 slight hills.
Results by Compuscore. Certified #NJ08519JHP.

Silent Auction & 50/50 Raffle

Name: _____
Age: _____ Walker/Runner: _____ M/F: _____
Address: _____
City: _____ State: _____ Zip: _____
Registration fee: _____

Return this form by mail to:
Angels of Hope, 637 Wyckoff Avenue, Suite 201, Wyckoff, NJ 07480 or register online at: www.aoh-nj.org

Waiver:
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 assume all risks associated with running this event. Having read this waiver and knowing these facts and in consideration of accepting my entry, I, and anyone entitled to act on my behalf, waive and release the Borough of Franklin Lakes, Angels of Hope Foundation, all race volunteers, organizers, sponsors, their representatives, employees and successors from any claims, responsibilities and liabilities of any kind arising out of my participation in this event or carelessness of the persons names in this waiver. Further, I grant to all the foregoing the right to use any photographs, motion pictures, recordings, or any other record of this event for legitimate purposes.

Signature (if under 18 parent/guardian must sign): _____ Date: _____

