



31ST Annual Princeton HealthCare 10K Race

Princeton, NJ ~ June 7, 2009

Race: 10K (10K is a USATF Certified, Grand Prix Event)

Last Name _____ First Name _____

Street _____

City, State, Zip _____

Sex: Female Male Age on Race Day: _____ Birth Date: ___/___/___

Shirt Size: Small Medium Large X-Large

2009 USATF-NJ Number _____ Team Entry: Name _____

Number of Completed Races _____ Best Time _____ Telephone Number _____

Personal Best 10K _____ Year Run _____

I, the undersigned, intending to be legally bound for myself, my heirs, executors, administrators and assigns, do hereby waive, release, relinquish, and discharge any and all rights and claims for injury or damages arising from my participation in this event which I may have against Princeton HealthCare System, The Auxiliary of University Medical Center at Princeton, the Race Committee, and any and all sponsors of the Princeton HealthCare 10K Race. I verify that I am physically fit and sufficiently trained to participate in this event. I understand that participation in this event is not free of risk and I freely and voluntarily assume all risk of whatever nature arising out of my participation in this event.

Signature _____

(Parent's signature required if under 18 years of age)

Mail with check (\$25 for 10K [\$23 if USATF Member]) payable to Princeton HealthCare Race and mail to Princeton HealthCare Race, P.O. Box 448 Metuchen, NJ 08840. Pre-Registration deadline is May 28, 2009. For information, please call (732) 494-3600 or e-mail healthcare10K@yahoo.com.

Date and Time:

Sunday June 7, 2009 at 9:00 A.M.

Location:

Weaver Track at Princeton Stadium (formerly Palmer Stadium) Ivy Lane, Princeton, NJ

Register online at www.active.com

Proceeds will support the life-saving services to be provided in the Emergency Department's Trauma/Critical Care Room in the new University Medical Center of Princeton at Plainsboro, scheduled to open in 2011.