



Family Fun Walk/Run

Saturday, May 8, 2010

To benefit the fight against breast cancer.

- Location:** Duke Island Park, Old York Road, Bridgewater Township, Somerset County (USATF Certified Course)
- Time:** Same day registration & race check-in begins at 8 am
 - 5k Run begins at 9 am
 - 2 Mile Walk begins at 9:05 am
 - Pet Walk (FREE) begins at 9:05 am
 - Mad Dash for Children (FREE) begins at 9:45 am
- Fee:** \$15 Pre-registration / \$20 on Race Day (runners & walkers)

Various raffle prizes, 50/50 cash raffle, and giveaways to all participants. T-shirt to all 5k Run and 2 Mile Walk participants only (while supplies last).

To register or for more information, please call:

908-707-1500 (Radom & Wetter),

908-534-7600 (Hunterdon Health & Wellness at Whitehouse Station)

or **908-735-6884** (Hunterdon Health & Wellness at Clinton)

For online registration or information:

www.radomandwetter.com or www.hunterdonhealthcare.org

or www.raceforum.com/family

**All Proceeds
to Benefit...**



Hunterdon Healthcare

Hunterdon Regional Cancer Center

A Fox Chase Cancer Center Partner

Sponsored by:

RADOM & WETTER
ATTORNEYS AT LAW
ADVOCACY AND RESULTS

3421 Route 22 East, Somerville, NJ 08876
908-707-1500



Hunterdon Healthcare
Health and Wellness Centers
of Clinton and Whitehouse Station

537 Route 22 East,
Whitehouse Station, NJ 08889
908-534-7600

1738 Route 31 North, Clinton, NJ 08809
908-735-6884

Name:	Phone Number:
Street Address:	City, State, Zip:
E-mail Address:	Gender (circle): M F Date of Birth:
<input type="checkbox"/> 5k Run <input type="checkbox"/> 2 Mile Walk <input type="checkbox"/> Pet Walk <input type="checkbox"/> Mad Dash	Registration Fee: \$ _____ <input type="checkbox"/> I will commit to raising \$100 minimum to benefit HRCC
Payment Type:	
<input type="checkbox"/> Credit Card (circle one): VISA MC AMEX DISCOVER Card Number: _____	
Exp. Date: _____ Signature: _____ OR <input type="checkbox"/> Check (made payable to "HMC Foundation")	

Waiver/Release

In consideration of being accepted in the Family Fun Walk/Run, I for myself, my heirs, my executors, administrators and assigns do hereby expressly release and discharge the Hunterdon Medical Center, Hunterdon Health and Wellness Center, Radom & Wetter, the organizers directors, sponsors, volunteers, its officers, agents, and employees from any and all claims, demands and actions or judgments of any kind arising, in whole or in part, out of participation in this event. I also give my permission for the use of my name and/or picture in any newspaper, broadcast, telecast or other account of this event.

Signature _____ Date _____

Parent Signature (if athlete is under age 18) _____ Date _____

Mail Registration to: Family Fun Walk/Run • c/o Hunterdon Health & Wellness Center • 537 Route 22 East • Whitehouse Station, NJ 08889