

5K Challenge for chhange

Sunday, August 25, 2013
Second Annual 5K Run/Walk
Brookdale Community College
Lincroft Campus

Schedule

- **7:00 – 8:15 AM** Registration/Package Pickup
- **8:30 AM** 5K Run/Walk START
- Awards ceremony following the race

Course

- **USATF** certified
- Timing by **Best Racing**
- Picturesque Brookdale campus
- Registration and post-race festivities at Bankier Library lobby (Parking Lot 5)

Amenities

- **T-shirts** to all pre-registrants, and others while supplies last
- Music and refreshments

Entry Fees

- USATF member, postmarked by 8/17 **\$18**
- Pre-registered, postmarked by 8/10 **\$20**
- After 8/10, including race day **\$25**



Awards

- Overall **top 3 male and female** runners
- Additional awards by 10-year age groups to 70+

Registration

- **Online** at JSRC.org, chhange.org, or bestrace.com
- **Hard copy** with check can be mailed to Chhange/BCC, 765 Newman Springs Road, Lincroft, NJ 07738

To Benefit

Center for Holocaust, Human Rights
& Genocide Education
at Brookdale Community College

chhange

5K Challenge for Chhange Sunday, August 25, 2013 Official Entry Form

Age on race day:	Birth date:	Gender: M F	Shirt size: S M L XL XXL
Last name:		First name:	
Street:	City:	State:	Zip code:
Phone:		Email:	

WAIVER AND RELEASE

I, _____, acknowledge and agree to assume the risks associated with any and all activities in the **5K Challenge for Chhange** (Center for Holocaust, Human Rights & Genocide Education) at Brookdale Community College. I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages, and hold harmless, the presenting organization (Chhange/BCC) and any sponsoring organizations, and/or any co-sponsors, their representatives, successors, agents, servants, or employees, and assignees for any and all injuries suffered by me in said run/walk. I recognize that I must be in good health and of sufficient training and experience in order to successfully compete in this event, and I certify that I am in good physical condition for this event. I assume all risks associated with running/walking, including, but not limited to, falls, contact with other participants, the effects of weather, the conditions of the course surface, all such risks being known and appreciated by me. I hereby grant permission to Chhange/BCC to use photos that may include me for promotion/publicity. With my signature, I acknowledge that I have read and accept these terms under which my entry is made. All fees are non-refundable.

Signature (Parent or Guardian Signature if under 18)

Please make checks payable to:
Chhange/BCC

Total amount enclosed: \$_____

X _____ Date _____
(Name MUST ALSO be printed above)