

PANEL 4 - 3.625"

POSTAGE
AREA

BACK PANEL - 3.6875"

Sunday, June 26, 2016



9:00 a.m. 5K RUN

10:00 a.m. FAMILY MILE WALK

10:30 a.m. AWARDS CEREMONY

- TEAMS ENCOURAGED
- SPONSORSHIPS AVAILABLE
- FAMILY FUN EVENT!
- RAIN OR SHINE



REGISTRATION : www.runsignup.com
EVENT INFORMATION : 551-996-5500
EMAIL: sgarbe@tcfkid.org • www.tcfkid.org

FRONT PANEL - 3.6875"

Tomorrow's Children's Fund



**Sunday
June 26, 2016**

Overpeck County Park

Ridgefield Park NJ
(Challenger Road entrance)



1. DITCH ALONG DOTTED LINE. 2. FOLD IN HALF. 3. TAPE TOP EDGE. 4. ATTACH POSTAGE

TOMORROWS CHILDREN'S FUND
Have a heart for the kids with cancer
30 PROSPECT AVENUE
HACKENSACK, NJ 07601

Tomorrows Children's Fund



**SPONSORSHIP OPPORTUNITIES: PLEASE CONTACT
LYNN HOFFMAN AT (551) 996-5501 OR
LHOFFMAN@TCFKID.ORG**

- **AWARDS** 1st, 2nd & 3rd overall male/female; 5-year Age-groups from 9 and under to 80+; Special Team awards
- **SCORING** Provided by www.bestrace.com
- **AMENITIES** T-shirt, DJ, Refreshments, Kids Activities, Give-Aways
- **USATF** Certified Course and Grand Prix Event
- **Organize a TEAM!** Teams can be as few as three members.

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WEB www.tcfkid.org



Sunday, June 26, 2016



First Name: _____ Last Name: _____

Home Address: _____

City/Town: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Sex: M F Age on Race Day: _____ USATF# _____

Event: (check only one) 5K Run - \$25.00 5K -w/USATF# - \$22.00 Family Mile - \$25.00

Race Day FEE - 5K Run or Family Mile - \$30.00

5K Run T-Shirt Size: S M L XL Kids Shirt Size: YS YM YL

Event t-shirts are only guaranteed to those who register by May 30, 2016.

WAIVER

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Event Director, RunSignUp.com, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typical found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

Signature _____ Date _____

Parent Signature _____ Date _____
(If entrant is under 18 years of age)

Return form and payment to:

Tomorrows Children's Fund
30 Prospect Avenue
Hackensack NJ 07601

Make checks payable to:

Tomorrows Children's Fund

Questions?

Phone: 551-996-5500
Email: sgarbe@tcfkid.org

1. DETACH ALONG DOTTED LINE. 2. FOLD IN HALF. 3. TAPE TOP EDGE. 4. ATTACH POSTAGE