

6th ANNUAL **STOP FOR NIKHIL** RUN/WALK SUNDAY, SEPTEMBER 18, 2016



Please complete and sign. Please print clearly.

DATE & LOCATION

Sunday, September 18, 2016
West Orange High School

REGISTRATION

By mail or online at www.stopfornikhil.org
Checks payable to Nikhil Badlani Foundation
22 Florence Place, West Orange, NJ 07052

SCHEDULE

7:30 AM Registration Begins
8:45 AM Ceremony
9:30 AM 5K Run
9:45 AM 3K Walk
10:30 AM Kids Run

ENTRY FEES (prior to 9/16/16)

Adults \$22
Kids \$15 (ages 5-13, children under 5 are free)

ENTRY FEES (post 9/16/16)

Adults \$27
Kids \$20 (ages 5-13, children under 5 are free)

**RAIN
OR
SHINE!**

LAST NAME _____ FIRST NAME: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

TEAM NAME _____

List information for all participants below:

| Name | Event 3K/5K | T-shirt S/M/L/XL | Age | M/F | Total (\$) | Bib# |
|---------------------|----------------|---------------------|-----|-----|------------|------|
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| | | | | | | |
| Additional Donation | | | | | | |
| Total | | | | | | |

Waiver and Release:

Entries submitted without a signed Waiver Form ("WAIVER") will be returned. THIS WAIVER IMPACTS YOUR LEGAL RIGHTS-PLEASE READ IT CAREFULLY. Your signature below signifies you have read, understand the significance of and agreed to the WAIVER and each of its terms:

WAIVER: In consideration of my, and/or my child's/dependent's participation in the 2016 STOP FOR NIKHIL Run/Walk, to be held on Sunday, September 18, 2016 ("Event"), on behalf of myself, my child/dependent, all heirs and all assigns, I release and hold harmless The Nikhil Badlani Foundation, Inc., and/or any other sponsors, organizers and volunteers and their assigns, successors and heirs from any and all liability, loss, including any injury/death to any person; damage, expense, cost of every nature, and any cause of action (including negligence) arising from and in connection with my and/or my child's/dependents participation in this Event. I and my child/dependent are in good health and able to participate in this Event. If I and/or my child/dependent need emergency medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I and/or my child/dependent are voluntarily participating in this Event, and I acknowledge and willingly assume the risk of any possible injury, death or damage my and/or my child's dependents participation may cause. Further, I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, and any other record of this event for legitimate purposes.

Adult #1 Signature or Parent/Guardian Signature (if under 18): _____ Date: _____

Adult #2 Signature or Parent/Guardian Signature (if under 18): _____ Date: _____

Cash: _____ Check/CC#: _____