

WAIVER: I, the undersigned, know that running is a potentially hazardous activity. I should not enter unless I am medically able. I agree to abide by any decision of a race official relative to my ability to safely complete the race. I assume all risk associated with running in this event, including but not limited to falls, contact with other runners, the effects of weather, including high heat and humidity, traffic and conditions of the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of my entry, I for myself and anyone entitled to act on my behalf, arise out of negligence or carelessness arising on the part of the persons named in this waiver.

Signature of participant	Date	Signature of parent/guardian (if under 18 years of age)	Date
Name:		Phone:	
Address:		City, State, Zip	
Email:		· •	
Age on race day: Team Name:	Gender: M/F	Adult T-shirt Size:	

Mail form and entry fee to: BOLD Actions 5K Center for School & Community-Based Research and Education Rutgers School of Public Health 335 George St, Suite 2200 New Brunswick, NJ 08903 Make checks payable to: RUF-CINJ Email forms: boldactions5k@gmail.com and pay online: http://cinjfoundation.donordrive.com/event/bold5k2015/

