

Please complete and sign. Please print clearly.

CASH \_\_\_\_\_ CHECK \_\_\_\_\_ CC# \_\_\_\_\_

# 8th ANNUAL **STOP FOR NIKHIL** RUN/WALK SUNDAY, SEPTEMBER 16, 2018



### DATE & LOCATION

Sunday, September 16, 2018  
West Orange High School

### REGISTRATION

Checks payable to: Nikhil Badlani Foundation  
22 Florence Place, West Orange, NJ 07052

### SCHEDULE

**8:30 AM** Ceremony  
**9:00 AM** 5K Run  
**9:15 AM** 3K Walk  
**10:00 AM** Awards Ceremony  
**10:30 AM** Kids Fun Run

### ENTRY FEES

**Adults** (14 and above): \$30  
**Kids** (ages 5-13, children under 5 are free): \$20

## RAIN OR SHINE!



Awards will be presented to Overall Male & Female and top 3 Male and Female in each age group.

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ TEAM NAME \_\_\_\_\_

EMAIL \_\_\_\_\_ (Please print clearly in all caps)

List information for all participants below:

Name	Event 3K/5K	T-shirt S/M/L/XL	Age	M/F	2018 USATF NJ Number	Total (\$)	Bib#
Additional Donation							
<b>Total</b>							

### Waiver and Release:

Entries submitted without a signed Waiver ("WAIVER") will be returned. THIS WAIVER IMPACTS OUR LEGAL RIGHTS - PLEASE READ IT CAREFULLY. Your signature below signifies that 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 2018 STOP FOR NIKHIL Run/Walk, to be held on Sunday, September 16, 2018 ("Event"), on behalf of myself, my child/dependent, all heirs and all assigns, I release and hold harmless The Nikhil Badlani Foundation, Inc., West Orange Board of Education 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/dependent's participation 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/dependent's 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 \_\_\_\_\_

The Nikhil Badlani Foundation is a non-profit, 501(C)(3) organization, and qualifies for tax deductible contributions.