

Please complete and sign. Please print clearly.

CASH _____ CHECK _____ CC# _____

15th ANNUAL **STOP FOR NIKHIL** RUN/WALK/BIKE SUNDAY, SEPTEMBER 21, 2025



DATE & LOCATION

Sunday, September 21, 2025
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

8:15 AM 5K Bike Ride
8:45 AM Ceremony
9:30 AM 5K Run
9:45 AM 3K Walk
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.

FIRST NAME _____ LAST 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/Bike	T-shirt S/M/L/XL	Age	M/F	Total (\$)	Bib#
Additional Donation						
Total						

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 2025 STOP FOR NIKHIL Run/Walk/Bike, to be held starting Sunday, September 21, 2025 ("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 affiliated entities, agents, members, employees, officers, trustees, assigns, successors, and heirs from any and all liability, loss, including any injury/death to any person; any injury, death, or illness caused by COVID-19 or any other virus, disease or illness; all damages, expenses, costs of every nature, and any cause(s) 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 of the Nikhil Badlani Foundation, including promotional materials.

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.