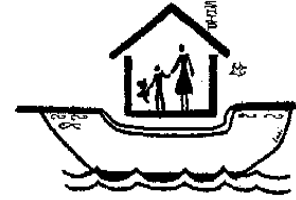




5th ANNUAL PETER J. BIONDI MEMORIAL RUN/WALK FOR SHIP



NOVEMBER 5, 2017
5K Road Run-Walk

www.peterbiondimemorialrun.com

Location: 379 South Branch Road, Hillsborough, NJ 08844

Date: Sunday, November 5, 2015 at 9:00 a.m.

Race Course: 3.1 Miles with start-finish at Peter J. Biondi Building

RAIN OR SHINE

ENTRY FEES

\$20 Pre Registration

\$25 Race Day (7:30 am to 8:30 am)

**Mail In
Registration
until 11/3/17**

Run or Walk starts at 9:00 a.m.

Awards: 1st, 2nd and 3rd place finish awards for runners. Also commemoratives for
Top male and female finishers in each running age division
18 and under, 19-29, 30-39, 40-49, 50-59, 60-69, 70 and above
Timing by Racing NJ

NET PROCEEDS FROM THIS EVENT WILL BENEFIT THE SAMARITAN HOMELESS INTERIM PROGRAM

PETER J. BIONDI MEMORIAL RUN/WALK OFFICIAL ENTRY FORM

MAIL CHECK AND FORM TO:
SHIP, 87 E. HIGH STREET, SOMERVILLE, NJ 08876
MAKE CHECKS PAYABLE TO: SHIP

LAST NAME: _____ FIRST NAME: _____

STREET ADDRESS: _____ CITY _____ STATE _____ ZIP _____

DOB _____ AGE ON RACE DAY _____ SEX M F EMAIL _____

Adult Shirt Size (Circle One) S M L XL XXL (Shirt for Preregistered participants only)

Please read carefully and sign Release and Waiver of Liability. I know that running or walking is a potentially hazardous activity and that I should not enter and participate unless I am medically able and properly trained. I assume all risks associated with running or walking this event including but not limited to falls, contact with other participants, the effect of the weather and the conditions of the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts in consideration of your accepting my entry, I, myself and anyone entitled to act on my behalf, waive and release the Samaritan Homeless Interim Program, Hillsborough Township, Hillsborough Police Department, all race volunteers and all sponsors, their representatives, employees and successors from any and all claims and liabilities of any kind arising out of my participation in this event. I also give my permission for the use, without fee, of my name and/or picture in any broadcast, print media or any other record of this event for legitimate purposes. I understand this event will proceed rain or shine and no refunds will be made.

SIGNATURE (Parent or Guardian if Under 18) _____ DATE _____