



RHS Interact
5K Run & 1 Mile Walk

~Proceeds Benefit *Doctors without Borders*~

Sunday, March 14th 2010 at 9 am

At Robbinsville High School, 155 Robbinsville Edinburg Road

Registration / Check-in begins at 8am

Online Registration at RHSINTERACT.com

One Mile Fun Walk Begins at 10 am

Long sleeve T-shirt to all pre-registered entries (same day entries while supplies last)

- Fast, computerized results
- Awards to the top male and female and the top three runner in their age group
 - **Age Groups:** 14 & under, 15-19, 20-29, 30-39, 40-49, 50-59, 60 and over and the top three males and females in each age group
- Post Race food and beverages

For info email: disantis@robbinsville.k12.nj.us

Entry fee: \$18 before March 7th (\$16 for USATF Members), \$25 on race day, \$5 fun walk

Make Checks Payable to: RHS Interact

Mail to: RHS Interact, Attn: Natalie DiSantis, 155 Robbinsville Edinburg Road, Robbinsville NJ 08691

In consideration of your accepting this entry to the Beyond Borders 5K Run and 1Mi Walk, I waive all claims for myself, my heirs, and assigns against the Robbinsville High School Interact Club and all sponsors and promoters for injury or illness which may result from my participation. I further state that I am in proper physical condition to compete in this race. In addition, I attest that I fully understand the considerable risk involved in running a 5K race and/or 1 Mile walk in cold, snowy, slippery, and icy conditions, and I will adjust my pace accordingly. In no instance or circumstance will I bring suit upon any person/s or any entity or agency associated with the conduct of the RHS Interact's Beyond Borders 5K Run and 1 Mile Walk. I fully understand and agree with the content of the waiver I am signing.

Last Name: _____ **First Name:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Telephone: (____) _____ **Shirt Size** (circle one): S M L XL

Sex: M ___ F ___ **Date of Birth:** M ___ D ___ Y ___ **Age On Race Day:** _____

Check One: 5K Race ___ 1 Mile Walk ___ **USATF Number (if applicable):** _____

Signature _____ (Parent or Guardian if under 18)