

# Somerset County Wellness Committee

presents



## 5K Race to Wellness

3.28.2020 • 7<sup>th</sup> Annual

**SATURDAY, MARCH 28, 2020**

**Duke Island Park • 191 Old York Road, Bridgewater, NJ 08807**

**5K - 9:00am start • Awards - approx. 10:00am**

**Pre-register NOW: <https://runsignup.com/Race/NJ/Bridgewater/5KRacetoWellness>**



**Awards for top finishers  
& medals presented in  
TEN age groups!**

Seniors 60+ / Students  
(19 & under) - \$20.00  
Early Registration - \$30.00  
Late / Same Day - \$40.00  
USATF Discount - \$ 3.00



**Shirts and goody bags to pre-registered runners (while supplies last);  
visit <https://runsignup.com/Race/NJ/Bridgewater/5KRacetoWellness>  
or call (908) 625-5925 for more information.**

*Somerset County Wellness Committee in partnership with EmPoWER Somerset*

*All proceeds from the race will help benefit Somerset County non-profits:  
EmPoWER Somerset, Somerset County 4-H & Somerset County Tourism*



**Event Participating in:** ☐ 5K ☐ 1Mile Walk **USATF#:** \_\_\_\_\_ **BIB #:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

### Waiver

I know that running a road race is a potentially hazardous activity and that I should not run unless I am medically able and properly trained. I agree to abide by any race official relative to my ability to safely complete the run. I assume all risks associated with running this event including, but not limited to: falls, contact with other participants, the effect of the weather, including low or high temperatures and/or humidity, traffic and the 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 your accepting my entry, I, myself and anyone entitled to act on my behalf, waive and release the USATF, Duke Island Park, EmPower Somerset, Simuel Whitfield Simmons Organization and the New Jersey Center of Excellence for Tourette Syndrome, Somerset County and Somerset County Wellness Committee and all its departments and employees, and all sponsors, their representatives and employees and successors from any and all claims and liabilities of any kind arising out of my participation in this event or the carelessness of the persons named in this waiver.

Further, I grant to all the foregoing authority to use any photographs, motion pictures, recordings, or any other record of this event for legitimate purposes.

**Signature:** \_\_\_\_\_ **Parent/Guardian (if under 18):** \_\_\_\_\_ **Date:** \_\_\_\_\_