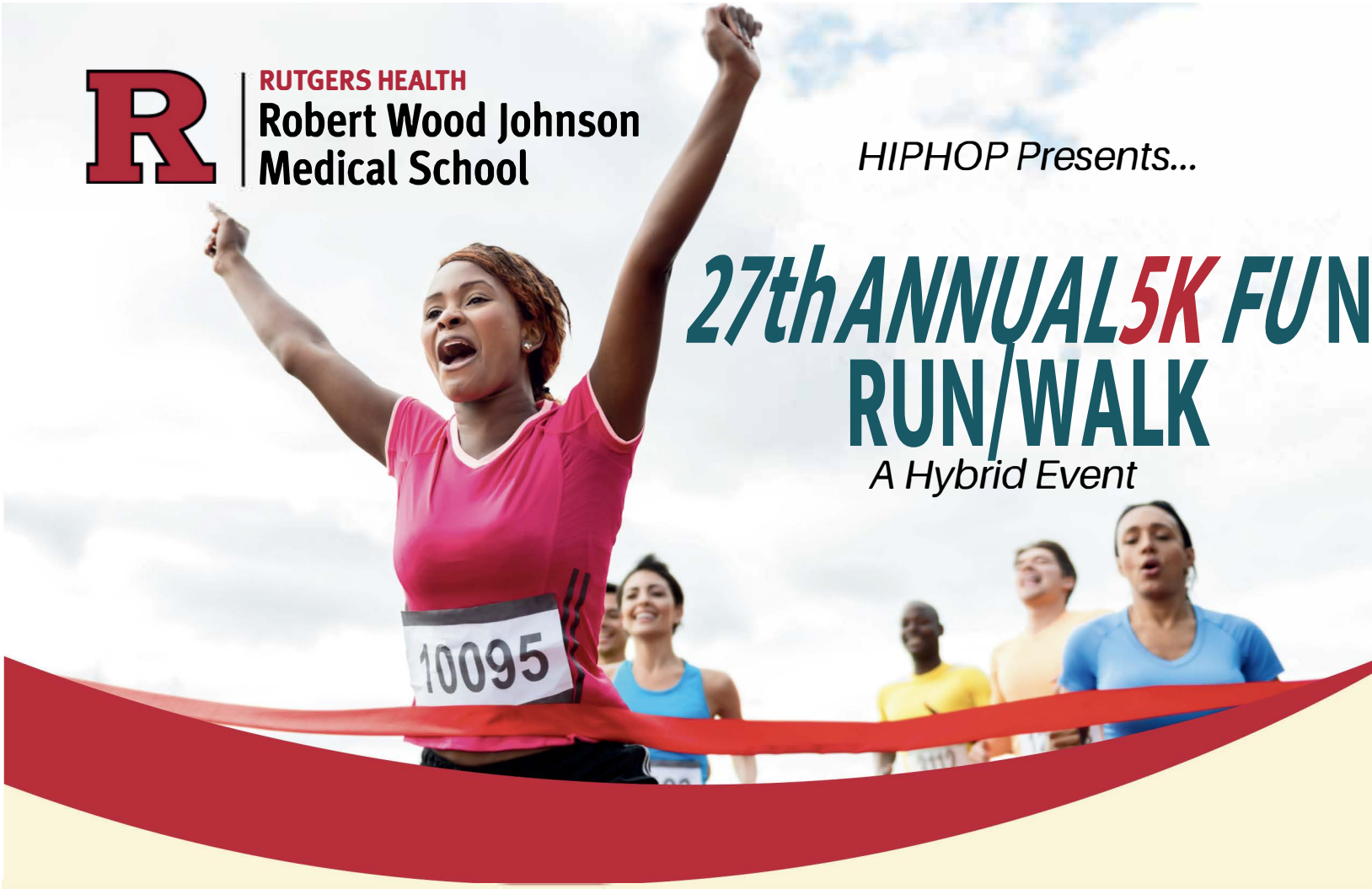
RUTGERS HEALTH
Robert Wood Johnson Medical School

*HIPHOP Presents...*

# 27th ANNUAL 5K FUN RUN/WALK

*A Hybrid Event*




## Sunday
## Nov. 15, 2026

Start time: 9:30 a.m.

*Day of registration*
*begins at 8:30 a.m.*
(cash and checks payments only)

**Join us on site at Johnson Park** or participate at your convenience in your environment of choice.

**Registration Rate: $35**

*INDIVIDUAL RATE:*
**$30** before/on **Sept. 26**
**$35** on/after **Sept. 27**

*TEAM RATE:*
**$25/person** for teams of 6+
(Sept. 27 price change **$35** )

***First 100 registrants will get a free T-shirt!***

**Sponsored by RWJMS Alumni Association**

All proceeds go toward the Homeless and Indigent Populations Health Outreach Project (HIPHOP) Programs; Community Health Initiative, Promise Clinic, Asylum Clinic, Garden Initiative and Health Career Collaborative and community sites committed to underserved populations, and community outreach events and initiatives.

**Registration Form on Reverse Side** ↘

# Register Online:
# https://runsignup.com/Race/NJ/Piscataway/HIPHOP5k

**Virtual participants:** Print bibs when registering on RunSignUp; for (1st 100 registrants) pick up T-shirt at Rutgers Robert Wood Johnson Medical School, 20 French Street, New Brunswick NJ 08901 on the **November 12, 2026 from 1pm - 3pm only**.

**On-site participants:** Pick up bibs and (1st-100 registrants) T-shirts in person the day of the run/walk **at Johnson Park.**

***WAIVER: I, the undersigned, know that running is a potentially hazardous activity. I should not enter unless I am medically able. I agree to abide by any decision of a race official relative to my ability to safely complete the race. I assume all risks associated with running in this event, including but not limited to falls; contact with other runners; the effects of the weather, including high heat and 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 my entry, I for myself and anyone entitled to act on my behalf, waive and release Rutgers, The State University of New Jersey, the township of Piscataway, and all of their liabilities of any kind arising out of my participation in this event even though liability may arise out of negligence or carelessness arising on the part of the persons named in this waiver.***

**Full Name:** _____

**Address:** _____ **City, State, ZIP:** _____

**E-mail:** _____ **Phone:** _____

_____ Please check here if you would like to be omitted from running.com email updates.

**Race Day Age:** _____ **T-shirt size (circle one):** Small Medium Large X-Large

**Gender:** ☐ Female ☐ Male ☐ Non-Binary ☐ Prefer not to say

**Team Name:** _____

**Participant:** ☐ Virtual ☐ In-Person

**Where did you hear about this event?** _____

_____ _____

**Signature of Participant** **Date** **Signature of Parent/Guardian** (if under 18 years of age)

**Mail Form and Entry Fee:** Attn: Susan Giordano/HIPHOP Program Director, Rutgers Robert Wood Johnson Medical School, 20 French Street, Suite 6800/Room 6804, New Brunswick NJ 0890.

**Make Checks Payable to:** Rutgers University Foundation - HIPHOP 5K

For donations please use the following link: rutgersfoundation.org/hiphop5K

**For more information, call 732-235-4198 or email susan.giordano@rwjms.rutgers.edu**