

**5K & 2K registrants
are eligible for
door prizes**

**Endorphin 5K or 2K Run or Walk
To Fight Brain Disease Tax ID 04-3779708
Sat., Sept. 22, 2018 Kittatinny Valley State Park, Newton, NJ**

**Well Marked
Trail**

***Help even more.**

RUN OR WALK FOR FREE:

**5K/2K PARTICIPANTS RAISING \$100 OR MORE IN PLEDGES WILL HAVE 5K/2K FEE
WAIVED/REFUNDED if received by 9-20th & all will receive tiered prizes.**

8:00-9:45am 5K and 2K Registration 8:15 - 9:30am Team Photos

◆10am 5K ◆10:20 2K ◆11am Awards/ Prizes Activities & Food Available

\$20 by March 31 \$22 by May 31 \$25 by July 31 \$28 by Aug. 31 \$30 if received by Sept. 20

\$35 September 22nd RACE DAY In Person REGISTRATION at Kittatinny Valley State Park

Cash or check for in person registration.

Runners & Walkers: Goody bags, T-shirts, & preferred size guaranteed if registered by Aug. 31st

5K finisher medals guaranteed if registered by Aug.

After, t-shirts, goody bags & finisher medals while supply lasts.

5K Finisher Medals Only 5K will be timed.

Top 3 male & female 5K medals and prizes Individual age group 5K medals 5 YR. - 80+

TEAMS must be a group of 5 or more runners and/or walkers.

TEAM PRIZES: FASTEST (only 5K times) LARGEST, avg. YOUNGEST, avg. OLDEST and TEAM RAISING MOST \$\$

*** INCLUDED IN TEAM PRIZES - APPLICATIONS MUST BE RECEIVED BY SEPT. 18th Those after Sept. 18th can be on a team and can be in the team photo.**

REGISTER ONLINE: <http://www.iesbrainresearch.org/events.html> by 9/20/2018

SHIRT SIZE: Adult: ___ S ___ M ___ L ___ XL Youth ___ S ___ M Bib # _____

Age on race day _____ Birth date ___/___/___ Male ___ Female ___ Runner ___ Walker ___ 5K ___ 2K ___

Last Name _____ First Name _____

Street _____ City _____ State _____ Zip _____

Phone _____ E-mail _____

Company/School/Business Name _____ Occupation _____

Team _____ Team Captain _____

How learned of event (person, website or place) _____ PLEASE PRINT CLEARLY!!!

****You can help even more, run for free & earn prizes by raising pledges. Each 5K or 2K participant raising \$100 or more & submits by Sept. 20th, the 5K/2K fee will be waived or refunded.**

___ I will be raising pledges for IES Brain Research Foundation Contact me with details & prize options.

___ I will not be raising pledges

REGISTER BY MAIL- Make checks to:

**IES Brain Research Foundation
270 Sparta Ave. Ste 104 Sparta, NJ 07871**

or register online www.iesBrainResearch.org/events by Sept. 20th

5K/2K Run/Walk \$ _____

Additional donation or pledges raised (tax deductible) \$ _____

TOTAL Enclosed \$ _____ Cash _____ Check # _____

I the undersigned participating in the Endorphin 5K Run/Walk, am legally bound, for myself, my heirs, executors and administration, to waive and release any and all rights and claims for damages, and hold harmless, any sponsoring organization, IES. Brain Research Foundation and its board members, Kittatinny Valley State Park, NJ, sponsors and, their representatives, successors, agents, servants or employees, and assignees for any and all injuries suffered by me in said run/walk. I recognize that I must be in good health and of sufficient training and experience in order to participate, and state furthermore, that my ability to participate in and successfully compete in this event has been attested to by a qualified physician or certified fitness consultant. I hereby grant permission to IES Brain Research to use photos that may include me or my child for promotion & publicity; and understand that if the Run cannot be held due to an act of God or circumstances beyond control, the Race is not liable to refund any money paid by me to participate. With my signature, I acknowledge that I have read, and accept these terms under which my entry is made.

Signature _____ Signature _____ Date _____

www.iesBrainResearch.org

(Parent or guardian if under 18)