



Nottingham High School
Athletic Hall of Fame
Presents our first annual

Northstar Memorial Run
5K walk/run & Mile walk/run
~ A walk/run for our Fallen 'Stars' ~

You can run for an athlete, coach or for an athletic contributor! We will announce our memorial stars at the Hall of Fame dinner on September 12 and at our home football games. See NHS website for more information.

Date: Sunday ~ November 1, 2009

Place: Veterans' Park ~ Kuser Road Entrance

Time: Sign in begins at 8:30 A.M.

- Mile run begins at 9:00 A.M.
- 5K begins at 10:00 A.M.

Cost:

\$15.00 per entrant

\$20.00 at the time of the race

\$25.00 per athletic team / club

Please fill out the form below even if you do not want to run but would like to participate by volunteering your time at this event.

Send return form to:

Nottingham High School
c/o Peggy Howell
1055 Klockner Road
Trenton, NJ 08619

*Please make checks payable to the "Nottingham High School HOF"

Your Name(s): _____

Contact phone number: _____

Tee shirt size(s): [limited to first 100 entrants] _____

Amount enclosed: _____

Please check the appropriate box below:

I /We will participate in the 1 mile run/walk

I/We will participate in the 5K run/walk

I don't want to run but would like to volunteer my assistance by arriving at Veterans' Park no later than 8:30 A.M.

Waiver Statement for Each Participant (must be signed)

I understand that running or walking a 5K race is a potentially hazardous activity. I should not enter nor run unless I am medically able and properly trained. I, on my behalf or on behalf of my child, agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks of running this event including but not limited to: falls, contact with other participants, the effects of the weather including high heat or humidity, the condition of the road/trail, and other such risks. I attest and verify that, the undersigned, intending to be legally bound, hereby for myself and my heirs, successors and assigns, release any and all claims for losses and damages, attorney fees, court costs and cost of collection which I or the named entrant may have now or in the future against Nottingham High School and/or any other groups associated with this event, their agents, employees, officers, directors and volunteers, arising out of or in connection with this event.

I understand that any injury that results from participation in this event will not be covered under the Nottingham Athletic Booster Club's insurance policy. Each participant will use his/her own insurance for any medical expenses.

Parent/Guardian signature for participants under 18 years of age: _____