



The Dr. Sapienza Scholarship
5K Walk/Run

Sponsored by The PVHS Spanish Honor Society
Proceeds Benefit: The Dr. Sapienza Scholarship Fund
Sunday, March 4, 2012 at 9:00 a.m. (RAIN OR SHINE)

at
Stonybrook Swim Club, 183 Cedar Lane, Hillsdale, NJ 07642
Registration/Check-in Begins at 8:00 a.m.
Pre/Post Food & Beverages

For info email: mohara@pascack.k12.nj.us

Entry Fee: \$10 before February 24th, 2012 and for all PV Students \$10

Day of Race Registration: \$15 adults

Make checks payable: The Dr. Sapienza Scholarship Fund

Mail Registration Form, Check, and Signed Waiver (before February 24, 2012 to:
Pascack Valley High School

Dr. Sapienza 5K Walk/Run
Attention: Ms. Susan Dunn
200 Piermont Avenue
Hillsdale, NJ 07642

REGISTRATION FORM

Last Name _____ First Name: _____

Address _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ EMAIL: _____

Sex: M____F____ Date of Birth M____D____Y____ Age On Race Day: _____

STATE ANY PRE-EXISTING MEDICAL CONDITIONS: (Diabetes, Cardio, etc.)

Check: 5K Race _____ 5K Walk _____ Under 18 yrs. _____

Signature _____ (Parent or Guardian if under 18)

Contact (in case of emergency) Name: _____

Phone Number _____

WAIVER: The Dr. Sapienza 5K Walk/Run – March 4, 2012

In consideration of the acceptance of my entry, I myself, my representatives heirs and assigns do hereby release and discharge Pascack Valley High School, the Dr. Sapienza Scholarship Fund, the town of Hillsdale, the race officials, volunteers, sponsors, or any other person or entity which organizes, promotes, runs or administers or associated with this event (hereinafter releasees) for any claim whatsoever including any claim for personal injuries arising out of my participation in this athletic event. I verify that I have full knowledge of the risks involved, and I am physically fit and sufficiently trained to participate in this event. I am at least 18 years of age or have had this release signed by my parent/guardian if I have not yet reached the age of 18. Participants also agree to allow The Dr. Sapienza Scholarship Fund to use it's name and photo in any public relations material for this or future events.

Signature of
Runner/Walker _____

Parent Signature _____
(Parent or Guardian, if under 18 years of age)

Date: _____