

# Christian Brito Memorial 5K Run



St. Jude Children's  
Research Hospital

ALSAC • Danny Thomas, Founder

*Finding cures. Saving children.*



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**Sunday, May 2nd 2010**

**Third Ward Park, Passaic NJ**

**Registration begins: 8:00 AM - Race begins: 9:30 AM SHARP**

**ALL PROCEEDS BENEFIT ST. JUDE CHILDREN'S RESEARCH HOSPITAL**

**Prizes to top overall finishers and first three in each 10 year age group.**

**Great post-race refreshments!**

**5k ENTRY FEES: \$20 BY April 20th / \$30 AFTER April 20th and Day of Race**

**All checks payable to: #3 School Giving Fund**

In consideration of acceptance of this entry, I, the undersigned intending to be legally bound, do hereby, for myself, my heirs, executors and administrators, waive and release any all rights and claims for damages I may have against, the race director and officials, Passaic City, their representatives, any and all race sponsors and supporters, volunteers, their agents, successors and assigns, for any and all injuries suffered by me in said event. I assume all risks with entering this event, including but not limited to falls, contact with other participants, effects of weather, including high heat and humidity, extremely cold or wind, traffic and the condition of the road. All such risks being known and appreciated by me. I attest and verify that I am physically fit and sufficiently trained for the completion of this event. Further, I hereby grant full permission to all the foregoing to use my photographs, videotapes, motion pictures, recordings, or any other record of this event for any legitimate purposes without compensation or remuneration. I know bicycles, in-line skates, and skateboards are not allowed on the course.

LAST NAME: \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ SEX: M F

DOB \_\_\_\_\_ AGE ON RACE \_\_\_\_\_

DAY: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

T SHIRT: S M L XL

*TShirt not guaranteed if submitted after April 20th*

SIGNATURE: \_\_\_\_\_ (Parent or Guardian must sign if under 18)

**RAIN OR SHINE!!  
SORRY!  
NO REFUNDS**

MAIL WITH CHECK to: #3 School Giving Fund, PO Box 5148 Passaic NJ 07055  
Questions or concerns contact Andy Hauser by phone (201) 926-5303 or email  
ahauser@passaic-city.k12.nj.us