



John E. McCormac
Mayor

Dennis Green
Director of Health



Public Health
Prevent. Promote. Protect.



Woodbridge Overdose Awareness Walk 2018

Join Us in Spreading Awareness
to Our Community!

Date: May 12, 2018

Time: 4:00 PM- 8:00 PM

Address: Alvin P. William's Memorial Park
Cliff Road
Sewaren, NJ 07077

Entry fees:

- \$5 Early Bird Registration (ends 5/11)
- \$10 At the Event

Registration Begins at 2:00 PM

100% of the Proceeds Will Go To A Scholarship
For Those With A Substance Use Disorder

For more information or to register call:

Sarah Del Valle: 908-499-5474

End the Epidemic...



Find a New Way of Life

**A Candlelight
Vigil will be held
in memory of
those we lost to
an overdose.**

**Free Refreshments while Uniting
with Our Neighborhood!**

To register online, go to the website:

<https://www.eventbrite.com/e/the-woodbridge-township-overdose-awareness-walk-2018-tickets-42360472313?aff=es2>

Make all checks payable to:

Woodbridge Charity Fund
2 George Frederick Plaza
Woodbridge, NJ 07095

Name _____

Address _____

Phone _____

Sex _____ Age on race day _____

WAIVER: I know that running/walking the Overdose Awareness Walk is a potentially hazardous activity. I will not run/walk unless I am medically able and properly trained. I assume all risks associated with running/walking the course but not limited to: falls, weather, and such risks known to me. Having read this waiver and knowing these facts and in consideration of your accepting my entry in the Overdose Awareness Walk and anyone entitled to act on my behalf, waive and release the Woodbridge Division of Addiction Services, any of their employees, the Township of Woodbridge, it's elected and appointed Boards, Commissions, Officers, Agents, Employees, and volunteers, sponsors, product owners, board members, and vendors of all claims or liabilities of any kind arising out of my participation in travel to and from the event although that liability may arise out of negligence on the part of the person on the waiver. By signing below I agree to allow the Woodbridge Division of Addiction Services to use my likeness in promotional materials.

Signature _____ Date _____

Signature of parent or guardian if under 18 years of age. _____ Date _____