

TIMe:

5K Run and Walk begins at 7:00 p.m. Course: Begins at the Twin Pines Club House in Petal off of Hwy 42 and goes through Trailwood Subdivision.

Awards:

5K Run awards will be presented to the Overall, Master & Grand Master finishers in both male and female categories. Then Awards will be presented to the top 3 males and females in 10-year age groups from 0-19,20-29,30-39,40-49,50-59,60 & older.

T-Shirts:

T-Shirts are only guaranteed on race day to pre-registered participants. (S, M, LG, XL, XXL) Glow necklaces will be given out to the first 100 participants.

Entru Fees:

Registration:

Pre-registration is \$15.00. Night of Race registration is \$20.00

Mail completed registration below before March 28, 2008; or you may register the night of the race. Petal YMCA Firefly 5K Run/Walk Sat., April 5, 2008, 7:00 p.m. REGISTRATION: Name: _____ Age on Race Day: _____ DOB: ___/___ Address: ____ Phone (home): ______ City/State/Zip: _____ (cell): _____ E-mail address: _____ T-shirt size (circle one): S M L XL XXL Sex (circle one): Male Female Event (check one): _____ 5k Run _____ 5k Walk Entry fee: \$15/20 (day of race)

Waiver for the Petal Family YMCA 5k Run/Walk

In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury or accident which may occur while I am traveling to or from the event, during the event, or while I am on the premises of the event. I am also aware of and assume all risks associated with participating in this event, including but not limited to falls, contact with other participants, effect of weather, traffic, and conditions of the course. I, for myself and heirs and executors, hereby waive, release and forever discharge the event organizers, sponsors, promoters, and each of their agents, representatives, successors and assigns, and all other persons associated with the event, for all my liabilities, claims, actions, or damages that I may have against them arising out of or in any way connected with my participation in this event. I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties, or otherwise. I understand that the entry fee is non-refundable and non-transferable. I hereby grant full permission to any and all of the above parties to use any photographs, videotapes, motion pictures, web site images, recordings, or any other record of this event.

Signature:	 Date:	/	/	,
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Make checks payable to the Petal Family YMCA 5k Run/Walk and send along with this form to: Petal Family YMCA 5k Run/Walk

Attn: Amy Thaxton 547 Hillcrest Loop Petal, MS 39465