



PETAL FAMILY YMCA 5K HALLOWEEN HUSTLE October 31, 2009



Time & Location:

5K Run and Walk begins at 8:00am with registration beginning at 7:15am on race morning. Course begins and ends at Petal High School, 1145 Hwy. 42, Petal, MS. This is a flat, fast and scenic course!

Race will be followed by a free one mile **BOO RUN!**

All children will receive a special "treat". All participant of all races are welcomed to wear a costume, but no scary ones please! Awards will be presented for "BEST" costumes. Refreshments and awards ceremony immediately after the event.

Race Categories

- 0) ages 0-14
- 1) ages 14-19
- 2) ages 20-29
- 3) ages 30-39
- 4) ages 40-49
- 5) ages 50-59
- 6) ages 60+

Registration:

\$15.00.....Pre-register now through October 26, 2009

\$20.00..... Oct. 27 through Race day

Awards

T-shirts are guaranteed on race day to pre-registered entrants. Awards will be presented to the Overall Runner and Overall Walker in both male and female categories. Awards will also be presented to the top 2 male and female runners of each age category.

Petal YMCA Halloween Hustle 5K Run/Walk Sat., October 31, 2009 8:00a.m.

REGISTRATION:

Name: _____ Age on Race Day: _____ DOB: ___/___/___

Address: _____ Phone (home): _____

City/State/Zip: _____ Phone (cell): _____

E-mail address: _____ T-shirt size (circle one) S M L XL XXL

Male _____ Female _____ Event (mark one) 5K RUN _____ or 5K WALK _____

Race Category (mark one) 0) _____ 1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____

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 these 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 ___/___/___

Registration forms can be dropped off at the Petal Family Y or Mailed to: Petal Family YMCA

547 Hillcrest Loop

Petal, Ms 39465

601-583-9399

**Make Checks Payable to
Petal Family YMCA**

