

Saturday, April 25, 2009

**Registration 7:15 am**

Registration can be completed the day of the race at the registration table at Petal High School. Pre-registration must be received by April 20, 2009:

Entry Fees	Race Categories
Pre-registration: \$15	0) Under 14
Race day Registration: \$20	1) ages 14-19
	2) ages 20-29
	3) ages 30-39
	4) ages 40-49
	5) ages 50-59
	6) ages 60+

**Send checks only to:**

Asbury United Methodist Church  
5K for Relay  
1331 Hwy. 42  
Petal, MS 39465  
601-545-3006



**Race 8:00 am**

The race will begin and end at Petal High School, 1145 Hwy. 42, Petal, MS. This is a flat, fast and scenic course!

The race is open to all runners and walkers, including those persons with disabilities. All entrants must sign a waiver/release form (see below). Prizes will be awarded to the 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> male and female winners in each category.

All proceeds from the Hattiesburg Eye Clinic of Petal 5K for Relay will benefit Relay for Life and the American Cancer Society.

5K for Relay T-shirts will be guaranteed to all pre-registered runners and can be picked up the day of the race.

Last Name _____					First Name _____				
Street Address _____			City _____		State _____		Zip Code _____		Sex _____
Best Phone # _____			HOME	CELL Circle One	WORK		Best E-Mail _____		
T-shirt Size (please circle): S M L XL XXL Race Category: 1 2 3 4 5 6									

**Waiver/Release:**

In consideration of your accepting this entry into the Hattiesburg Eye Clinic of Petal 5K for Relay, I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for liability and damages I may have against Hattiesburg Eye Clinic of Petal and Asbury United Methodist Church of Petal, Mississippi, their employees, agents, officers, directors, and volunteers, and their representatives, successors and assigns, for any and all injuries or death suffered by me in or arising from said event. I acknowledge that it is my responsibility to understand the risks associated with this event and determine whether I am fit to safely participate in and complete this event and the precautions I should take. I attest and certify that my physical condition and ability to safely participate in and complete this event have been verified by a licensed medical doctor and that I am physically fit and have sufficiently trained to participate in and complete this event. I grant to Hattiesburg Eye Clinic of Petal and Asbury United Methodist Church of Petal, Mississippi and their sponsors and licensees the exclusive right to the free use of my name, voice and/or picture in any broadcast, telecast, advertising, promotion or other account of this event. I acknowledge that my entry fee is non-refundable and non-transferable, even if the race is cancelled.

Any controversy or claim arising out of or relating to this contract, or the breach thereof, shall be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof. The place of arbitration shall be Hattiesburg, Mississippi. This agreement shall be governed by and interpreted in accordance with the laws of the State of Mississippi. The parties acknowledge that this agreement evidences a transaction involving interstate commerce. The United States Arbitration Act shall govern the interpretation, enforcement, and proceedings pursuant to the arbitration clause in this agreement.

Signature _____	Date _____	Signature of Parent (if under 18) _____	Date _____
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