



Rotary Club of Petal "Run Around Downtown" 5K

December 5th, 2009

8:00 am

Registration Form



Name (please print) _____ Age on Race Day _____ DOB ____/____/____

Address: _____ City/State/Zip _____

Day Time Phone: _____ Home/Cell Phone: _____ Choose One: Runner Walker

Check one: ___ Male ___ Female T-Shirt size (circle one): Youth M L or Adult S M L XL XXL

Pre-Registration by mail

And postmarked by Nov. 28th

5K Run/Walk: \$15

After Nov. 28th: \$20

Enjoy this fast and flat course through the downtown area of "The Friendly City" Petal, MS! The course will begin and end behind the Petal Civic Center and City Hall. Bring the entire family to play on the large playground and park area while you race.

RACE PACKETS: All pre-registration race packets will be available the day of the race, Dec. 5th, by 7:00am.

AWARDS: 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: 0-13, 14-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+

RUNNERS MUST COMPLETE THE WAIVER AND RELEASE STATEMENT

In consideration of the acceptance of this entry and my registration as a participant in the Rotary 5K Run/Walk, I do hereby waive any and all rights and claims which I, for myself and my heirs, executors, administrators and personal representatives may now or hereinafter have against and do hereby release the Rotary Club of Petal, its members, Rotary International, insert sponsor, and all officials, volunteers and other sponsors of the Rotary Race for any and all injuries, illness, losses or death suffered by me resulting either directly or indirectly from my participation in the Rotary Race 5K Run/Walk. I fully understand that my participation in this event is completely a voluntary undertaking and that I assume all risk associated with my participation, including, but not limited to, falls, contact with other participants, effects of the weather, traffic and the conditions of the course. I hereby certify that I am adequately fit and in the proper physical condition to participate in this event and that I am not participating in this event against the advise of a physician nor am I taking medications which would impair my health or ability to participate in this event. I hereby authorize the use of my name and any photographs, videotapes and other record of my participation in this event for any legitimate purpose by The Rotary Club of Petal.

I acknowledge that I have read and fully understand the above and assume complete responsibility for all risks associated with participation in the Rotary Club of Petal Rotary Race 5K Run/Walk.

PARTICIPANT SIGNATURE

Mail Checks and pre-registration to:

The Rotary Club of Petal

Attn: 5K Race/ Kelli Phillips

4 Fawn Point

Petal, MS 39465

Make checks payable to: The Rotary Club of Petal

(If participant is under 18, parent or guardian must sign)