



## 3rd Annual Acorn Run & Art Walk

April 17, 2010 @ 8:00 AM

5K Run and 1 Mile Fun Run

Location: Oak Grove Lower Elementary and Bellegrass Community

All proceeds will be donated to the  
American Cancer Society

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Age: \_\_\_ Gender \_\_\_ T-shirt Size: YS YM YL YXL AS AM AL AXL

Entry Fee:

\$5 for Lamar County Students

\$15 for Pine Belt Pacers, LCSD Employees, and Bellegrass Residents

\$20 for All Others

Entry Fee Includes T-Shirt (Must be pre-registered)

Make checks payable to: American Cancer Society

Pre-registration by mail: Acorn Run – 39 Bellegrass Blvd. Hattiesburg, MS 39402

Pre-registration deadline APRIL 1, 2010 On-site registration will be available race day.

In the event of inclement weather, there will be no refunds as this is a fund-raiser for the ACS.

WAIVER: I know that running a road race is a potentially hazardous activity. I should not enter the run/walk unless I am medically able and properly trained. I agree to abide by any decisions of a race official relative to my ability to safely complete the run/walk. I assume all risks associated with running/walking in this event including but not limited to, contact with other participants, falls, the effects of the weather, including high heat and humidity, traffic and conditions of the course, roads, and trails and such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry. I, for myself, my child and anyone entitled to act on our behalf, waive and release the right to sue Oak Grove Lower Elementary, Lamar County Schools, Bellegrass, LLC, American Cancer Society, and any other sponsors, their representatives and successors, volunteers from all claims or liabilities of any kind of arising out of my participation or my child's participation of this event. In addition, neither my child nor I will wear headphones in this event.

Signature: \_\_\_\_\_

Parent signature for minors: \_\_\_\_\_

One Entry Form per Person Please – If you need additional copies, please make additional copies of this form or pick up another at our distribution locations.

\_\_\_ I will not be able to participate in this event. However, I would like to make a tax-deductible donation to American Cancer Society in the amount of \$\_\_\_\_\_.

Signature: \_\_\_\_\_