



for Mary Claire and Rett Syndrome

5K Run/Walk Saturday, November 6, 2010



Register below
or online at
pinebeltpacers.org

Time and Location:

The 5K Run/Walk will begin at 8:00 AM with registration at 7:15 AM on race morning. Course begins and ends at Petal High School Softball Fields, 1145 Highway 42, Petal, MS. This is a flat, fast and scenic course! Awards will be presented for top male and female runners in each age category.

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 30, 2010
\$20.00.....October 31 through Race day

Awards:

T-shirts are guaranteed on race date 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 Runner and Walker in each category.

Lauren Bryant's Senior Project 5K Run/Walk Sat., Nov. 6, 2010

Registration

Name _____ Age on race day _____ D.O.B. ____/____/____

Address: _____ Phone (home) _____

City/State/Zip _____ Phone (cell) _____

Email: _____ T-shirt size (circle one) S M L XL XXL

Male _____ Female _____ Event (mark one) 5K Run _____ 5K Walk _____

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

Waiver for the Stepping Up for Mary Claire and Rett Syndrome Run/Walk

In consideration of the acceptance of this entry, I issue full and complete responsibility for any injury or accident which may occur while I am traveling to and from the event, during the event, or while I am on the premises of the event. I am also aware and assume all risks associated with participation 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 forgive, 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. I hereby grant full permission to any and all of the above parties to use any photographs, video tapes, motion pictures, website images, recordings, or any other record of this event.

Signature: _____ Date: _____

If under age 15, must be signed by a parent/legal guardian: _____

Registration forms can be mailed to Jackie Bryant, 199 Kelly Rose Lane, Petal, MS 39465.
Make checks payable to Jackie Bryant.