



# PETAL FAMILY YMCA 5K HALLOWEEN HUSTLE October 22, 2011

All Walkers and Runners of any age welcomed!

## Time & Location:

The 5K Run and Walk will begin 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! All participants are welcomed to wear a costume, but no scary ones please. Awards will be presented for "Best Costume" male and female racer. 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 17, 2011

\$20.00.....Oct. 18 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 both male and female. Awards will also be presented to the top 2 male and female runners of each age category. Awards will be presented for "Best Costume" male and female racer.

**Petal YMCA Halloween Hustle 5K Run/Walk Sat., October 22, 2011 8:00am**

### Registration

[WWW.ymcahattiesburg.org](http://WWW.ymcahattiesburg.org)

Name: \_\_\_\_\_ Age on Race Day: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

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 \_\_\_\_\_ 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 assue 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 of 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 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 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 in 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:

Make checks payable to Petal Family YMCA

All proceeds will benefit

Petal Family YMCA

Campaign for Youth and Families

Attn: Ann Culpepper  
Petal Family YMCA  
547 Hillcrest Loop  
Petal, MS 39465  
601-583-9399



Date: \_\_\_\_\_ Rec# \_\_\_\_\_ Amt \_\_\_\_\_ Check/Cash/CC \_\_\_\_\_ Staff \_\_\_\_\_