



**3rd Annual IWSM  
"Holiday 5K Run/Walk"  
Longleaf Trace  
December 10, 2011  
9:00 a.m.**

**LOCATION:** 5k Run/Walk will be held on the Longleaf Trace starting at the University of Southern Mississippi Gateway. The 5k Run/Walk begins at 9:00 am. Day of race registration begins at 8:00 am.  
**No bicycles, skates, or roller blades are allowed in the run/walk.**

**PRE-REGISTRATION:** by mail post marked by **November 30, 2011** or Walk-in registration by **December 7, 2011**  
**IWSM 210 W Hospital Dr, Hattiesburg MS .**

**REGISTRATION FEES** (non-refundable):

5K Run/Walk- \$15 pre-registration & \$20 day of race

**T-shirts are guaranteed** for all pre-registered runners and walkers.

Remaining t-shirts will be given out on a first come basis during registration on day of race.



**MAKE CHECKS** payable to **IWSM** and indicate on memo line Holiday 5K Run/Walk.

**For more information contact: Lydia Fleming at 601-268-5025**

**Proceeds will benefit the American Heart Association**



Name (please print): **3rd Annual Holiday 5k Run/Walk**

*Mail Checks and  
pre-registration to*  
**IWSM  
210 W. Hospital Drive.  
Hattiesburg, MS 39401**

Age \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Check one: \_\_\_ Male \_\_\_ Female

Address \_\_\_\_\_ City/State/

Zip \_\_\_\_\_

Day Time Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Amt Paid \_\_\_\_\_

T-shirt size (circle) S M L XL

**RUNNER MUST COMPLETE THE WAIVER AND RELEASE STATEMENT**

In consideration of the acceptance of this entry and my registration as a participant in the Holiday 5K / 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 IWSM, its members, volunteers and other sponsors of the Holiday 5K for any and all injuries, illness, losses or death suffered by me resulting either directly or indirectly from my participation in the Holiday 5K/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 IWSM.

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

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

DATE