



## “RUN FOR A LIFE RELAY”

5K RUN/WALK

JUNE 11, 2011; 7:30 A.M.

KAMPER PARK SOUTH GATE BRIDGE

**Goal:** This will be a benefit event for Mr. Earl Taylor. Earl has recently been diagnosed with MDS, Myelodysplasia Syndrome, in short-Leukemia. He is currently undergoing a bone marrow transplant.

**For More Information Contact : Jody Link @601.447.4253 E-mail: [jslink@bellsouth.net](mailto:jslink@bellsouth.net)**

**LOCATION:** Kamper Park-South Park Bridge. The 5k Run/Walk begins at 7:30am.

**PRE-REGISTRATION:** Mail reg. form and check to *Jody Link, 26 Caitlynn Circle, Hburg MS 39402* and post marked by June 4. ***Please make checks payable to: “Run for a Life”.*** Or drop off reg. forms at IWSM, 210 W Hospital Dr, Hattiesburg MS by June 4.

**RACE PACKETS:** Pre-registration race packets are available for pick up on race day, June 11, from 6:45-7:30 am.

**REGISTRATION FEES** (non-refundable): \$20 pre-registration & \$25 day of race.  
Day of race registration begins at 6:45 am.

**T-shirts** are guaranteed for all pre-registered runners and walkers. T-shirts will be given out on a first come basis during registration on day of race.

### Registration Form

Name (please print): \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Check one: \_\_\_ M \_\_\_ F T-shirt size (circle) S M L XL

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

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

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

In consideration of the acceptance of this entry and my registration as a participant in the “Run For Life Relay” 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 insert sponsor, and all officials, volunteers and other sponsors of the “Run For Life Relay” 5K for any and all injuries, illness, losses or death suffered by me resulting either directly or indirectly from my participation in the “Run For Life Relay” 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 advice 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 “Run For A Life Relay”. I acknowledge that I have read and fully understand the above and assume complete responsibility for all risks associated with participation in the “Run For A Life Relay” 5K Run/Walk.

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