

Labor Your Legs



Pine Belt Pacers

September 3, 2012

Cloverleaf Mall Food Court

Proceeds benefit Muscular Dystrophy Association's Summer Camp Program

Time: 5K Run @ 7:30 a.m.

1 Mile Fun Run @ 8:30 a.m.

Classic course through Historic Oaks District

Course USATF Certified (MS06003DJR)

AWARDS

5 K	1 MILE
5 year age groups first three male & female	first overall male/female
first overall male/female	ribbons to all finishers
Master's and Grandmaster's	

Door Prizes!

Entry Fees

Pre-registration (post-marked by Aug. 26th)
Shirts only guaranteed to pre-registered runners

Race Day Registration

- \$20 all event categories
- \$15 Pine Belt Pacer Club Members
- \$60 Family Registration
- 1 mile fun run free without shirt, or \$20.00 with shirt.

- \$25.00
- 6:30 A.M

Refreshments and award ceremonies immediately after the event.

Preregistration package pick up – September 1 - 6:00 - 8:00 PM - Soccer Locker



www.pinebeltpacers.org



Labor Your Legs 5K Run and Walk

Name: _____ Age on Race Day _____ DOB ___/___/___

Address _____ Phone: (home) _____

City/State/Zip _____ (day time) _____

Male _____ Female _____ Tee-shirt size (circle one) Youth S M L Adult S M L XL

Event (check one) _____ 5K Run _____ 1 Mile Fun Run

Waiver for the Labor Your Legs 5K Run and Walk

In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury or accident which may occur while I am traveling to or 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 participating in this event, including but not limited to falls, contact with other participants, effect of weather, traffic, and conditions of the road. 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 is 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 ___/___/___

(Parent if under 18 years of age)

Make checks payable to Pine Belt Pacers.

Mail entries to Pine Belt Pacers, P. O. Box 1171, Hattiesburg MS 39403-1171.

