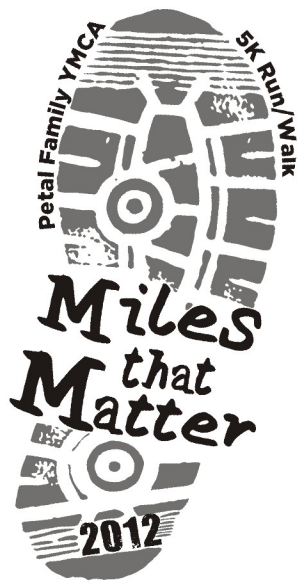


PETAL FAMILY YMCA MILES THAT MATTER 5K Run/Walk November 10, 2012



ONE STEP AT A TIME.... Bringing meaningful and lasting changes to our community. We are a voice for kids and families, and we strive to help identify and meet our community's most pressing needs in the areas of youth development, healthy living, and social responsibility.

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 Family YMCA, 547 Hillcrest Loop, Petal, Ms. This course goes through city and residential streets and is slightly hilly in some areas.

Awards T-shirts are guaranteed on race day 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 2 male and females runners of each age category.

Registration

\$15.00.....Pre-register now through November 7, 2012

\$20.00.....November 8th through Race Day

Race Categories

- 0) ages 0-12
- 1) ages 13-19
- 2) ages 20-29
- 3) ages 30-39
- 4) ages 40-49
- 5) ages 50-59
- 6) ages 60+

Name: _____ Age on Race Day: ____ D.O.B. ____/____/____
 Address: _____ Phone: _____
 City/State/Zip: _____ Email: _____

T-SHIRT SIZE (circle one) YOUTH S M L or ADULT 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 premisses 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 YMCA or mailed to:
Petal Family YMCA Attn: Ann Culpepper
547 Hillcrest Loop Petal, Ms 39465
www.ymcasems.org (601) 583-9399
Make checks payable to Petal Family YMCA

