



Hattiesburg Clinic Sponsors The Rise & Shine Half Marathon!
A Half Marathon and 5K benefiting The Arc!

Where: Jackson Road Station at the Longleaf Trace

When: Sat. May 12, 2012

Time: Both Races begin at 7 a.m.

Race packet pick up/race day registration begins at 6 a.m.

Course: Starting at Jackson Road Station, half marathon and 5K will run in opposite directions to halfway point then return to the start/finish line.

Awards: Half-Marathon:

Male Overall Female Overall

Master Grandmaster

Top 2 in 10-year age groups

All half-marathon finishers will receive a medal!

5k:

Top 3 Males

Top 3 Females

T-shirts: Guaranteed on race day to entries postmarked by Mon., April 30, 2012

Cost: Pre-registered 5K:

\$20 Non Pine Belt Pacer Member \$30 all entries

\$15 Pine Belt Pacer Member

\$50 Family

Day of Race 5K:

Pre-registered Half-Marathon: Day of Race Half-Marathon:

\$40 Non Pine Belt Pacer Members \$50 all entries

\$35 Pine Belt Pacer Members

****Pre-registration deadline is Mon., April 30, 2012****

Pre-registered bag pick up at Soccer Locker May 11, 2012 5 p.m. until 8 p.m.

Name: _____ Age on Race Day: _____ DOB: __/__/____

Address: _____ Phone: _____ Sex (circle): M F

City/ State/ Zip: _____

Email address: _____

Event (circle one): Half-Marathon 5K

Short-Sleeve T-shirt Size (circle): XS S M L XL XXL

Family Information: (If registering 3 or more)

Name: _____ Age on Race Day: _____ DOB: __/__/____

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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 not but 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-transferrable. 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 and acknowledges that he or she shall have no right of approval, no claim to any compensation, and not claim arising out of the use, alteration, or distortion of his or her name, submission, photograph, likeness or other information.. Not responsible for lost or stolen entries.

Signature: _____ Date: _____

(Parent if under 18 years of age)

Mail entries to: Hattiesburg Clinic: Account Services, Attn: Heather Hood
7 Medical Blvd., Hattiesburg, MS 39401