



# First Annual Institute for Disability Studies

# Stride Across the Spectrum

## 5K Run/Walk and 1 Mile Fun Run

All proceeds will benefit the Institute for Disability Studies "Stride Across the Spectrum" Community Fund, designed to provide financial assistance to individuals and families of individuals with Autism Spectrum Disorder.

**DATE:** FRIDAY, APRIL 13, 2012  
**TIME:** 4:15- 5:15 PM REGISTRATION and T-SHIRT PICK-UP  
5:30 P.M. 1MILE FUN RUN  
6:00 P.M. 5K RUN/WALK

**LOCATION:** Longleaf Trace  
2895 W. Fourth Street  
Hattiesburg, MS 39401  
Southern Miss Station

**PRE-REGISTRATION** (Received by 03/30/12)  
**INDIVIDUALS - \$20**  
**FAMILIES - \$50** (Includes three shirts; additional shirts, \$10)  
**PINE BELT PACERS - \$15.00**  
**1 MILE FUN RUN- FREE** (\$10 with T-shirt)



**RACE DAY REGISTRATION**  
**INDIVIDUALS- \$25**  
**PINE BELT PACERS- \$20**  
**1 MILE FUN RUN - FREE!**

Race T-shirts are guaranteed for all pre-registered participants! Limited quantity of T-shirts may be available for purchase on race day.

For a printable flyer/registration form visit  
[www.usm.edu/ids](http://www.usm.edu/ids)

Prizes will be awarded to the first place male and female overall winners and to first place male/female in 10-year age groups: 10 and under, 11-19, 20-29, 30-39, 40-49, 50-59, 60 and older.

### Registration

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender (circle):** M / F  
**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

\*T- Shirt Size (circle): Youth: S M (10-12) L (14-16)  
Adult: S M L X-L

Additional T-Shirts	
Size	Quantity
_____	_____
_____	_____
_____	_____

\*Race (circle): 5K Run/Walk 1 Mile Fun Run

Waiver: In consideration of your acceptance of the entry, I hereby, for myself, my heirs, executors and administrators waive any and all rights and claims for damages I may have against The University of Southern Mississippi, its respective representatives and successors, and all sponsors, and will hold it harmless from injury suffered in this event. Also, none of the above is responsible for the loss of personal items, nor any other form of aggravation in connection with this event. I testify that I am physically fit and sufficiently trained for the completion of this race. I have read the above and understand the risks involved.

By signing this waiver, I am relinquishing The University of Southern Miss from any liability thereof.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Individual registration forms/waivers required per person included in family registration\***

Register in person at the Institute for Disability Studies, Bond Hall 423, with cash or check payable to Institute for Disability Studies; To register by mail, send registration form and check (no cash) to:

The University of Southern Mississippi  
Institute for Disability Studies  
118 College Drive #5163  
Hattiesburg, MS 39406-0001  
Attention: Beth Bruton