



# “I’m a Cancer Fighting Fool”

## A 5K Run Race and Walk

**Where:** Jackson Road Station, Longleaf Trace

**When:** Saturday, March 23, 2013

**Time:** **5K Run Race and Walk 8:00 a.m.**  
Race packet pick up/race day registration begins at 7:00 a.m.

**Course:** 5K Run/Walk: 1.55 miles out towards Clyde Station and back.

**Awards:** Race awards will be presented to the Male and Female Overall, Master winners Male and Female. Age Group Awards to the top 2 Males and Females in 10 year age groups.

**T-shirts:** **Guaranteed** on race day to those entries **postmarked by March 5, 2013**. Shirts are NOT guaranteed for “race day registrations.”

**Post-Race**

**Activities:** Refreshments and award ceremony immediately after the event.

<b>Cost:</b>	<b>Preregistered:</b> 5K Race Participants	<b>Day of Race:</b> 5K Race Participants
	\$15.00 Non Pine Belt Pacer Members	\$20.00 Non Pine Belt Pacer Members
	\$12.00 Pine Belt Pacer Club Members	\$15.00 Pine Belt Pacer Club Members
	\$40.00 Family (limited to 3 t-shirts)	\$45.00 Family

\*\*Make checks payable to: Emily Rhodes\*\*

**One check will be written to ACS once race is over and all monies are collected.**

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Name: \_\_\_\_\_ Age on Race Day: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Sex (circle one): Male Female

City / State / Zip: \_\_\_\_\_ T-shirt size (circle one): S M L XL XXL

Email address: \_\_\_\_\_

**Family information:** (if registering 3 or more)

Name: \_\_\_\_\_ Age on Race Day: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Age on Race Day: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Age on Race Day: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

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 on 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)

**Mail Entries to: Emily Rhodes, 63 Windridge Lane, Purvis, MS 39475**