



ELLA'S LIGHT CHILDREN'S MINISTRY 1ST ANNUAL 5K - 1 MILE RUN/WALK

The race will begin at **8:00 a.m.**,
Saturday, August 24th, at the **Lion's
Club Park**, on Hwy. 42, Sumrall, MS.
(behind Keith's Super Store)

Entry Fees:

Pre-registration \$20
Pine Belt Pacers \$15

***Entry Fees Must Be Received by Wednesday,
August 14th for guaranteed T-Shirt size on Race
Day!**

Make Checks Payable to: Ella's Light
Children's Ministry

MAIL TO:

Richie or Anita Sumrall
1136 Highway 44
Sumrall, MS 39482
601-758-3367

5K _____ 1 Mile _____

Age _____ (Circle) Male/Female

T-Shirt Size: S M L XL XXL (Circle)

Name: (Please Print)

Address:

Phone #: _____

Age as of August 24, 2013: _____
(If under 18 parent or guardian must sign)

Assumption of Risk & Release Statement: Anyone who participates in Ella's Light Children's Ministry 5k-1mile Fun/Run Walk will be doing so at his or her own risk. By my signature below, I am acknowledging that I have read this waiver/release form and I am relinquishing Ella's Light Children's Ministry, its members, volunteers, and other sponsors from any liability thereof. **I fully understand that my participation in this event is completely a voluntary undertaking and that I assume all risks associated with my participation including, but not limited to, heat exhaustion, falls, contact with other participants, effects of weather, dangerous traffic and the conditions of the course.** I hereby waive any and all rights and claims which I, for myself and my heirs, executors, administrators and personal representatives may now or hereinafter have against and do hereby release Ella's Light Children's Ministry, its members, volunteers, and other sponsors for any and all injuries, illnesses, losses or death suffered by me resulting either directly or indirectly from my participation in this race. I hereby certify that I am adequately fit and in the proper physical condition to participate in this event and that I am not participating in this event against the advice of a physician nor am I taking medications which would impair my health or ability to participate in this event. I hereby authorize the use of my name and any photographs, videotapes and other record of my participation in this event for any legitimate purpose by Ella's Light Children's Ministry.

Date: _____ Signature: _____

Signature of Parent or guardian (if under 18) _____

www.ellaslight.org