

RISE & SHINE REGISTRATION FORM



Where: Hattiesburg Clinic
415 S. 28th Ave., Hattiesburg, MS 39401

When: Saturday, April 6, 2013

Time: **Both Races begin at 7 a.m.**
Race packet pick up/race day registration begins at **6 a.m.**

Course: Start/Finish at Hattiesburg Clinic

Awards: **Half-Marathon:** Male Overall Female Overall
Master Grandmaster
Top 2 Male and Female 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 received by **Friday, March 22, 2013**

Cost: **Pre-registered Half-Marathon:** \$50 all entries
Day of Race Half-Marathon: \$60 all entries

Pre-registered 5K: \$25 all entries
Day of Race 5K: \$35 all entries



Pre-registered bag pick up at Soccer Locker is April 5, 2013 from 5 p.m. - 8 p.m.

One registration form per individual runner only, unless running as a family.

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

Address: _____ **Phone:** _____ **Sex (Circle):** M F

City/ State/ Zip: _____

Email Address: _____ **Are you a Hattiesburg Clinic employee?:** YES NO

Event (Circle one): Half-Marathon 5K

Would you like a complimentary pre-race Subway breakfast sandwich?: YES NO

Short-Sleeve T-shirt Size: (Indicate quantity. One T-shirt per runner.) XS ___ S ___ M ___ L ___ XL ___ XXL ___

Total amount enclosed: (Make checks payable to Hattiesburg Clinic.) \$ _____

(Pine Belt Pacers take a \$5 discount)

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 no 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

Proceeds from this event will benefit:

