Mustang Madness 5k

Benefitting the Mantachie Elem. 5th and 6th grade running program

Feb. 22, 2014 9:00 am

Name:_____

Gender: Male / Female Age on Race Day:_____

Age Divisions: 9 and under, 10-14, 15-19, 20-29, 30-39, 40-49, 50-59, and 60 & over (please circle age division).

Email:_____

Phone:_____

Address:_____

City: State: Zip:_____

$20 (through Feb 14) $25 (Day of Race)

Please circle one: *YS YM Y L S M L XL XXL*

Make Check Payable to: Mantachie Elementary PTO
WAIVER: (must sign waiver to participate)

I do hereby absolve all race sponsors, volunteers, race officials, and organizers from all claims of damages, demands, actions, and courses of action whatsoever, in any manner arising or growing out of my participation in the Mustang Madness 5k. I certify that I have prepared myself and that I am in adequate physical condition to participate in the event.

Signed_____Date_____

Parent (if under 18)_____Date_____

Forms may be mailed to : Mantachie Elementary School
c/o Elizabeth Kelly
P.O. Box 38
Mantachie, MS 38855