

Saturday, April 26, 2014

Registration 7:15 am

Registration can be completed the day of the race at the registration table at Petal High School. Pre-registration must be received by April 13, 2014:

Entry Fees

Pre-registration: \$20
Family* of 4 or more: \$75
Race day Registration: \$25
Family* of 4 or more: \$90

**All members live in same household*

Race Categories

- 0) Under 14
- 1) ages 14-19
- 2) ages 20-29
- 3) ages 30-39
- 4) ages 40-49
- 5) ages 50-59
- 6) ages 60+



HOSTED BY ASBURY UNITED METHODIST CHURCH

Send form and checks only, payable to American Cancer Society (ACS), to:

5K For Relay
50 Mars Hill Road, Petal, MS 39465
601-325-0834

Race 8:00 am

The race will begin and end at Petal High School, 1145 Hwy. 42, Petal, MS. This is a flat, fast and scenic course! The race is open to all runners and walkers, including those persons with disabilities. All entrants must sign a waiver/release form (see below). Prizes will be awarded to the 1st & 2nd place male and female winners in each category. All proceeds from the 5K For Relay will benefit Relay For Life and the American Cancer Society. 5K For Relay T-shirts will be guaranteed to all **pre-registered runners** and can be picked up the day of the race. For more info, visit www.asburypetal.com.

Last Name _____		First Name _____		
Street Address _____	City _____	State _____	Zip Code _____	Sex _____
Best Phone # _____		Best E-Mail _____		
T-shirt Size (please circle): S M L XL XXL		Race Category: 0 1 2 3 4 5 6		Runner / Walker

3 to 5-person Team Division (average time will determine winner) Name of Team _____

Waiver/Release:

In consideration of your accepting this entry into the 5K for Relay, I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for liability and damages I may have against Asbury United Methodist Church of Petal, Mississippi, their employees, agents, officers, directors, and volunteers, and their representatives, successors and assigns, for any and all injuries or death suffered by me in or arising from said event. I acknowledge that it is my responsibility to understand the risks associated with this event and determine whether I am fit to safely participate in and complete this event and the precautions I should take. I attest and certify that my physical condition and ability to safely participate in and complete this event have been verified by a licensed medical doctor and that I am physically fit and have sufficiently trained to participate in and complete this event. I grant to Asbury United Methodist Church of Petal, Mississippi and their sponsors and licensees the exclusive right to the free use of my name, voice and/or picture in any broadcast, telecast, advertising, promotion or other account of this event. I acknowledge that my entry fee is non-refundable and non-transferable, even if the race is cancelled.

Any controversy or claim arising out of or relating to this contract, or the breach thereof, shall be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof. The place of arbitration shall be Hattiesburg, Mississippi. This agreement shall be governed by and interpreted in accordance with the laws of the State of Mississippi. The parties acknowledge that this agreement evidences a transaction involving interstate commerce. The United States Arbitration Act shall govern the interpretation, enforcement, and proceedings pursuant to the arbitration clause in this agreement.

Signature _____	Date _____	Signature of Parent (if under 18) _____	Date _____
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