

Event Info: mississippi.cff.org

**SATURDAY, MARCH 22<sup>nd</sup> – USM PAYNE CENTER**

(4<sup>th</sup> Street at College Drive )

On Site Registration/Check In 7:30am

Run/Walk Start 8:30am

**Your \$25 Donation Fights Cystic Fibrosis!**

**\*PRIZES\***

Grand Prizes - First Place Overall Male/Female Runners  
Additional Prizes - First Place Male/Female Age Divisions

Complimentary refreshments!

**Dry-Blend T-Shirt guaranteed to first 150 registrants!**

SPECIAL THANKS TO:

**Smith Petroleum, Inc.**



**Dandy Dan's**

HATTIESBURG  
GREAT STRIDES  
**RUN 4**  
**BREATH**  
**CYSTIC**  
**FIBROSIS**  
**5K RUN/WALK**

Return this portion with your check or credit card information!

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

I am signing up for the \_\_\_\_\_ 5K RUN  
\_\_\_\_\_ 5K WALK

T-shirt size preferred: XXL \_\_\_\_\_ XL \_\_\_\_\_ L \_\_\_\_\_ M \_\_\_\_\_ S \_\_\_\_\_ (sizes not guaranteed)

\_\_\_\_ My check payable to **\*\*CF Foundation\*\*** enclosed.

\_\_\_\_ Please Charge my Credit Card

NAME LISTED ON CARD: \_\_\_\_\_

CARD # \_\_\_\_\_ Exp Date: \_\_\_\_\_ CCV: \_\_\_\_\_

SIGNATURE APPROVING CHARGE TO CARD: \_\_\_\_\_ Date: \_\_\_\_\_

**WAIVER:** (Each participant must read and sign below) - I, the undersigned, agree to indemnify and hold harmless the Cystic Fibrosis Foundation (CFF) from all cost, expense and liability arising out of my or my child's participation in this event to benefit the Cystic Fibrosis Foundation. I do hereby waive all claims for damage or loss to me or my child's person or property, which may be caused by any act or failure to act, by the Cystic Fibrosis Foundation, its officers, agents or employees arising directly or indirectly from my or my child's participation in this event, and I hereby assume liability for any loss, damage or other liability from such event. **Important**—Participants under age 18 must have this form signed by a parent or legal guardian. **Important**—I give permission to the CFF to use any pictures, video footage, etc. that is taken at the walk to use in future promotional materials.

**Important note on attendance for people with CF and their families:**

The health and well-being of people with cystic fibrosis is our top priority. Medical evidence shows that certain bacteria can be passed between individuals who have CF and can lead to worse symptoms and speed decline in lung function. To limit the serious risk of cross-infection between people with CF, at any outdoor event, people with CF should maintain a distance of at least 6 feet from each other. For more information, please call the CF Foundation-Mississippi Chapter at 601-981-3100

\_\_\_\_\_ WITNESS my signature this \_\_\_\_\_ day of \_\_\_\_\_, 2014 for the waiver and Important Note

**\*\* All participants must sign \*\* Important!** Participants under age 18 must have this form signed by a parent or legal guardian.

CYSTIC FIBROSIS FOUNDATION-MISSISSIPPI CHAPTER 1907 DUNBARTON DRIVE, SUITE C, JACKSON, MS 39216 601-981-3100