

The Bay Springs Medical Clinic All-American Glow

5k RUN/ 2 MILE WALK and FUN RUN

Benefitting The Seth Harris Childhood Cancer Foundation



July 4, 2014 8:30 PM

Smith Park

20 Mississippi 528

Bay Springs, MS



FREE FIREWORK SHOW AND COWBOY BLUES BAND CONCERT!!!

Fun for the entire FAMILY!

Please show your support for The Seth Harris Foundation by participating in the first annual 5k run/walk and fun run sponsored by Bay Springs Medical Clinic in partnership with Jones Family Medicine Clinic. The Seth Harris Foundation is a local organization formed in the honor of the late, Seth Harris. The organization raises money for several different projects including Camp Rainbow and Blair Batson Hospital. This event is designed to support a great charity, encourage healthy activities, and provide good, clean family fun.

Race Classes & Awards:

5K Run medals will be given to the top 3 male and female finishers in the following age groups:
0—12 13—19 20—29 30—39 40—49 50—59 60—69 70+

5K Walk medals will be given to the top three Male and Female walkers out of all ages.
(No running allowed in the walking event)

Fun Run ribbons will be given to each participant, with one overall boy and girl winner award.
Fun Run ages 0-12.

***All participants guaranteed a t-shirt if pre-registered by June 23, 2014.

FUN AWARDS

- ❖ Male and Female dressed the Most Patriotic!
- ❖ Male and Female wearing the most glow gear!

REGISTRATION

- ❖ 5k Run and Walk- \$20.00
 - ❖ Fun Run - \$10.00
- After June 23, 2014- \$35.00 for 5k
\$15.00 for Fun Run
Packet pick-up and
Race Day Registration-
7:30- 8:15 PM Race Day

REGISTRATION FORM

Name: _____ Age on Race Day: _____

DOB ___/___/___ Address: _____

City/State/Zip: _____ Phone: _____

Sex (circle one) Male Female EVENT (check one) 5K RUN ___ 5K Walk ___ FUN RUN ___

T-shirt size (circle one) ADULT: S M L XL XXL YOUTH: S M L

Email address: _____

Waiver for the BSMC All-American Celebration 5k WALK/RUN AND FUN RUN 2014

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 this 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 but not 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-transferable. 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.

Signature _____ Date: _____

(Parent, if under 18 years of age)

MAIL REGISTRATION FORM TO: ATTN: BSMC 5k
30 Circle J Drive
Suite #2
Laurel, MS 39440

****MAKE CHECKS PAYABLE TO: Jones Family Medicine Clinic or JFMC (All proceeds will be given to The Seth Harris Foundation)