

The University of Southern Mississippi Student Sports Medicine Association 10th ANNUAL

Homecoming 5K Eagle Run Saturday, October 15th, 2005

Name:	Age on day	of race:	
Address:	_ City:	_ State:	_ Zip:
Telephone:			
T-Shirt Size (adult sizes): S_	_ M L XL		
Early Registration Fee (by Od Other	etober 10 th): \$7.00) (14 & under)	\$12.00
On-Site Registration Fee:	\$ 10.00 (14 & unde	er) \$15.	00 Other
know that running a road race is a pot medically able and properly trained. I are lative to my ability to safely complete neluding, but not limited to: Falls, containeat/humidity, traffic and the conditions Having read this waiver and knowing the myself and my one entitled to act on my all sponsors, their representatives and coarticipation in this event. I grant permisor any legitimate purposes.	gree to abide by the rules of the the run. I assume all risks ass act with other participants, the of the road, all such risks being the facts and in consideration by behalf waive and release the successors from all claims of li	ne race by any decinociated with running effects of weather, and known and approperation of your accepting University of Soutiabilities of any kind	sion of a race official in this event including high eciated by me. my entry, I, for hern Mississippi and d arising out of my
Signed :	(parent or guardian if un	der 18) Date :	

RACE START: 8:00 am

PLACE: Start line and race registration will be located on Sunset Ave. in front of Shelby

F. Thames Polymer Building.

Make Checks payable to: USMSSMA Pre-registration should be sent to: Dr. Scott

Piland ATC 118 College Drive #5142 Hattiesburg, MS 39406-0001

COURSE MAP:



RACE FINISH: Runners will cross the finish line on the FIELD at "THE ROCK"!!!!!!!!!!!

Awards to be given to race winners:

Overall and by Category

COME CELEBRATE HOMECOMING AND SUPPORT THE

