



Date: Saturday September 25, 2010 **Time:** 8:30 a.m. **Course:** Longleaf Trace starting at Jackson Station
A 1 mile fun run will immediately follow the 5K run.

REGISTRATION: ENTRY FEES ARE NON-REFUNDABLE

Pre-registered entrants: Ages 15 and up: \$20.00, SHS Faculty and Staff: \$15.00, Pine Belt Pacer Members: \$15.00.

Pre-registered entries should be post-marked or received by the school on or before September 10, 2010.

Please make checks payable to Sacred Heart School (SHS), and put SHS 5K on the memo line. Please mail completed registration forms to:
Sacred Heart School, C/O Seafood Jamboree 5K, 608 Southern Avenue, Hattiesburg, MS 39401.

SHS Families: Please send your registration forms and fees to school in a clearly marked envelope.

Race Day Registration: Ages 15 and up: \$25.00, SHS Faculty and Staff: \$20.00.

Children 14 and under: \$10.00 for the first child, \$5.00 per child for each additional child, regardless of date registered.

T-shirts are guaranteed on race day to those who register before September 10, 2010.

Early Packet Pickup: Friday, September 24, 2010 from 5:00 to 8:00pm in the Sacred Heart School Cafeteria.

Race Day Packet Pickup and Registration: between 7:30-8:15 a.m.

Awards: Top two male and female finishers in each of the following age groups: 8-and-under, 9-10, 11-12, 13-14, 15-18, 19-29, 30-39, 40-49, 50-59, 60-69, 70+. All 1 mile fun run finishers will receive a certificate of completion.

Post Event Activities: Refreshments and awards ceremonies immediately following the event.

Participants are invited to visit the Seafood Jamboree on the grounds of Sacred Heart School in downtown Hattiesburg.

Questions: please e-mail questions to shs5kinfo@gmail.com or see www.shshattiesburg.com. Registration forms are available in the documents section of the website.

Training Tips: for kids: <http://www.kidsrunning.com> for adults: <http://www.coolrunning.com>

SHS Seafood Jamboree 5K Registration: (Detach and return)

Name: _____ **Age on Race Day:** _____ **DOB:** _____

Address: _____ **City/State/Zip:** _____

Phone(Home): _____ **Phone(Day):** _____

Circle one: **Male** **Female** **PBP Member** _____ **SHS Faculty Staff** _____

Additional Adult participants in the same household:

Name: _____ **Age on Race Day:** _____ **DOB:** _____

Circle one: **Male** **Female** **PBP Member** _____ **SHS Faculty Staff** _____

Additional participants in the same household under age 18:

Name	Age on Race Day	Date of Birth	Male / Female

Please indicate the size and quantity of T-shirts:

Type	Small	Medium	Large	Extra-large
Adult				
Youth				

Waiver:

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 the 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 agent 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 nontransferable. 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: _____ **Participant Name:** _____

Signature: _____ **Participant Name:** _____

I have executed this waiver as the parent or guardian of the following children under the age 18:

Signature of Parent/Guardian: _____ **Name of the Parent/ Guardian:** _____ **Date:** _____