

Mom's Day 5k

5k Run/Walk & 1-Mile Stroller Stroll

Saturday May 6, 2017

Flowood Nature Park, Flowood, MS

Race Time @ 7:30 a.m.

Race Day Registration begins @ 6 a.m.



Please complete one form per family.

Name: _____ Cell Phone: _____ Email: _____

Address: _____ City, State, Zip: _____

First Name	Last Name	Event (Circle One)	Gender (Circle One)	Age	T-Shirt Size (Circle One)
		5K Run 5K Walk	Female		Adult S M L XL 2XL
		1-Mile Stroller Stroll	Male		Child S M L
		5K Run 5K Walk	Female		Adult S M L XL 2XL
		1-Mile Stroller Stroll	Male		Child S M L
		5K Run 5K Walk	Female		Adult S M L XL 2XL
		1-Mile Stroller Stroll	Male		Child S M L
		5K Run 5K Walk	Female		Adult S M L XL 2XL
		1-Mile Stroller Stroll	Male		Child S M L

Non Refundable Registration Fees:

1-Mile Stroller Stroll for walking moms with strollers & children 10 and under

- 5K Run/Walk Pre Registration Online or via email by April 23rd \$25.00; Registration Fee AFTER April 23rd is \$30.00.
- 1-Mile Stroller Stroll Pre Registration Online or via email by April 23rd \$10.00; Registration Fee AFTER April 23rd is \$15.00.

Only Participants registered by April 23rd will be guaranteed a t-shirt

I am not able to walk, but I'd like to make a donation or \$_____.

Please Make checks payable to:

Birthing of Jackson, P.O. Box 955 Jackson MS 39205

Enclosed is \$_____

Cash/Check

I know that running is a potentially hazardous activity. I should not enter or run this event unless I am medically able and properly trained. I assume all risks associated with running in this race including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. All fees are nonrefundable. Race will take place rain or shine. In the event of extreme weather conditions or some other unforeseen act of God that may prohibit the race, all fees are nonrefundable. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release the event, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event.

Signature: _____

Date: _____

Parent's Signature if under 18 years: _____

Date: _____

Packet Pickup:

Friday, May 5th 4-7 p.m. @ Birthing of Jackson, 644 Lakeland East Dr., Suite C
& Race Day from 6 a.m. till 7:15 a.m. at the Flowood Nature Park