

# Pumpkin Run 5K & Mini Pumpkin Run 1M

Sponsored By



Commissioner: Tim Irvine, 601-938-9873  
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Date: Saturday, October 17, 2020

Time: Pumpkin Run 5K begins at 8:30 a.m.

Mini Pumpkin Run 1M begins at 8:00 a.m.

Site: Bonita Lakes, upper lake, boat ramp

Entry Fee: Early registration (before Oct. 1, 2020) = \$20  
Registration = \$25

Mini Pumpkin Run 1M registration = \$10

Late/Day of Entries: 30 minutes prior if space available; no additional fee.

Late entries cut off at 8:00 a.m.

T-shirt size not guaranteed if enter on day of event.

Divisions: Pumpkin Run 5K—Males/Females  
9 & Under, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39,  
etc. up to 70+

Mini Pumpkin Run 1M—12 and under

Format/Rules: Costumes encouraged.

Awards: Three places awarded per age division.  
Prizes for best costume.

Date Received: \_\_\_\_\_ \$ Received: \_\_\_\_\_ Athlete #: \_\_\_\_\_  
Confirmation:  Yes  No Waiver:  Yes  No T-Shirt:  Yes  No Input: \_\_\_\_\_

**OFFICIAL  
USE ONLY**

**IMPORTANT! You MUST include the Individual Waiver Form with this registration.**

## TO ENTER

Information: 1-800-482-0205 or [www.stategamesofms.org](http://www.stategamesofms.org)

PRINT clearly.

Send entry & check or money order to: State Games of MS, P.O. Box 5866, Meridian, MS 39302.

Sport:  5K Pumpkin Run  1M Mini Pumpkin Run

Male  Female Age Group: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Age: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_ Phone (w): \_\_\_\_\_ (h): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Entry Fee(s): \$ \_\_\_\_\_

Relation: \_\_\_\_\_ T-shirt size:  YM  YL  S  M  L  XL  XXL (\$1 extra) XXL T-Shirt Fee: \$ \_\_\_\_\_

**TOTAL ENCLOSED: \$ \_\_\_\_\_**

Note: One shirt included in entry fee.

# Individual Waiver Form

## 2020 Pumpkin Run

### MUST BE INCLUDED with EVERY Individual Entry Form

THIS OFFICIAL WAIVER MUST BE SIGNED BY EVERY ATHLETE and LEGAL GUARDIAN (if athlete under age 18).

This Individual Waiver form for Individual Sport athletes.

**IN CONSIDERATION** of the Participant being allowed to participate in any way in the State Games of Mississippi athletics/sports programs and related events and activities, the undersigned: **ACKNOWLEDGE AND FULLY UNDERSTAND** that the participant will be engaging in activities that involve risk of serious injury and/or communicable disease (COVID-19), including permanent disability and death, and severe social and economic losses that might result **NOT** only from his or her own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play or the condition of the premises or of any equipment used. Further, that there may be other risks not known or now reasonably foreseeable at this time. **ASSUME** all of the foregoing risks, known and unknown, and accept personal responsibility for the damages following such injury, permanent disability or death. **RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE** State Games of Mississippi, Inc., sponsor of the State Games of Mississippi, the National and State Governing Sports bodies, City and County Government of Lauderdale County, their respective administrators, officers, directors, agents, representatives, coaches and other employees or volunteers of the organizations, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or her heirs, executors, administrators, successors, assigns or next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise, to the fullest extent permitted by law. **CONSENT** to permit and authorize officials of the State Games of Mississippi to seek emergency medical treatment in the event of accident or injury and consent to permit and authorize those providing medical care to perform medical treatment as deemed necessary. **CONSENT** to allow Participant's picture and/or voice or likeness to appear in any official documentary, promotional (including all advertisements) television, radio, film coverage or world wide web of the State Games of Mississippi without compensation. **THE UNDERSIGNED HAVE READ THE ABOVE WAIVER, RELEASE OF LIABILITY AND AUTHORIZATION OF MEDICAL TREATMENT, UNDERSTAND THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND ACKNOWLEDGE THAT THEY HAVE SIGNED IT VOLUNTARILY.**

X

Participant's Signature

Date

Printed Participant's Name

### FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE

(Under age 18 at the time of registration.)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns and next of kin, release and agree to indemnify and hold harmless the involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES,** to the fullest extent permitted by law.

X

Parent/Guardian Signature

Date

Printed Parent/Guardian Name