

OCTOBER 29<sup>TH</sup>, 2016



AGE GROUPS:

- BELOW 12
- 13-19
- 20-24
- 25-29
- 35-39
- 40-44
- 45-49
- 50-54
- 55-59
- 60-69
- 70+

**SOUTH CENTRAL CLASSIC 11<sup>TH</sup> ANNUAL 5K RUN / AMERICAN HEART WALK**

Make Checks payable to "Wellness Center," and designate check to South Central classic (SCC).

Mail or hand deliver this registration form to: Wellness Center  
P. O. Box 607  
Laurel, Ms 39440

NAME: \_\_\_\_\_ SEX: M F

ADDRESS: \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_

\_\_\_\_\_ AGE ON RACE DAY: \_\_\_\_\_

EMAIL (OPTIONAL): \_\_\_\_\_

T-SHIRT SIZE: S M L XL XXL

PLEASE CHECK ONE OPTION:

- Wellness Center Member \$20
- PineBelt pacer \$20
- Pre-Registration \$25
- Day of Race (everyone) \$27

The South Central Classic will be held at the Wellness Center facility. Race will begin at 8:00 a.m., registration will be held from 7:00 - 7:45 a.m. Waiver and Release: I am in excellent health, adequately trained and fit to participate in this race. In consideration of the acceptance of the entry, I agree my participating in this event is without assumption of any kind of responsibility by the SCRMC Wellness Center, SCRMC agents, servants, employees, trustees, and race directors, and other sponsors of this race assigns for any and all injuries or death suffered by me in this event. I understand all entries are final, with no refunds, and that the race directors reserve the right in the event of any emergency or local / national disaster to cancel the race or to change the day and / or time to a later date and that in the event of cancellation there is no refund of entry fees. I knowingly assume all risk involved in this event. I further give permission for the use of my name or photograph in post race publicity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian if under 18: \_\_\_\_\_ Date: \_\_\_\_\_