



Jingle Jog 5K & Fun Run

MISSISSIPPI COLLEGE PHYSICIAN ASSISTANT PROGRAM

Start line at steps of First Baptist Church
Clinton, MS 39154

Event: Saturday, December 9, 2017 @ 8:00 A.M.; Fun Run @ 9:00 A.M. (less than a mile)

Registration: Pre-register online at Active.com until Wednesday, December 6th OR mail forms to MC Physician Assistant Studies Attn: Lakendra Wiley, 200 S. Capitol Street Box 4053, Clinton, MS 39058.

Early Packet Pickup: Friday, December 8, 2017 Baptist HealthPlex 4:00 P.M. - 6:00 P.M.

Race Day Registration & Packet Pickup: Saturday, December 9th 6:30 AM – 7:30 AM. Checks should be made payable to *The Donald Fisher Student Society*.

Entry Fee: Pre-registered \$30

Race Day \$35

Additional T-shirt \$20

Fun Run: Children (≤10) \$20

Race Day \$25

Awards: Top Male & Female for Fun Run & Overall

Runner -Top Three Male & Female in each age groups: 10-19, 20-29, 30-39, 40-49, 50-59, 60+

Walker - Top Male & Female for each age group

Special Awards: Best Christmas costume

Shirts: T-Shirts (long sleeved) guaranteed to participants registered/postmarked by **11/17/2017***

Post-Race: Light snack and beverage will be provided after the race



Note: Race is chip timed by MS Race Time LLC. Entry fees includes long sleeved, cotton race shirt, eligibility for awards and light post-race snack. **?Questions? email lcwiley@mc.edu**

Last Name: _____ **First Name:** _____

Address: _____ **City, State & Zip:** _____

Phone: _____ **Age (on race day):** _____ **Date of Birth:** _____

Event: 5K Run 5K Walk Fun Run **Donations to MCPA: \$** _____

Sex: Male _____ Female _____ **Email:** _____ **T-Shirt Size:** YS YM YL S M L XL XXL
(add \$2 for XXL shirt purchase)

Donald Fisher Student Society
Mississippi College Department of Physician Assistant Studies
"Jingle Jog 5K" Release of Liability

I, _____ hereby do release and absolve Mississippi College ("MC"), the Department of Physician Assistant Studies ("MCPA"), the Donald Fisher Student Society ("DFSS") and all associated staff, support, volunteers, and associates from any and all risk of property damage, injury, death, or disability associated with my participation in the "Jingle Jog 5K" ("the event") hosted by those aforementioned entities.

I understand that risks are involved in participation in this event, including serious injury, death, disability, and worsening of pre-existing medical conditions. I have been cleared by a licensed healthcare provider to participate in this event.

I also understand that my property may be inadvertently damaged during my participation in this event. I accept this risk, and release MC, MCPA, and DFSS from any liability associated with these potential inadvertent damages.

Furthermore, I understand that should I experience any adverse medical event during, or related to my participation in this event, it is my responsibility to seek out care. This care will not be provided by MC, MCPA, or DFSS.

I have had the opportunity to read this waiver fully, and have had all of my questions answered by event staff. understand these terms, and agree to them.

Signature (Parent/ Legal Guardian if under 18): _____ Date: _____