Hop Around the Lake 5K Walk/Run
Saturday, March 30, 2019

Race Time: 8:30 AM **(Rain or Shine)**
Race Location: Lake Hazle Hazlehurst, MS
Make Checks Payable To: **Socks for Heroes**
Early Registration Ends: March 15, 2019 $20.00
Race Day Registration/Packet Pickup: 7:00AM $25.00

Name: _____

Address_____

City_____ St._____ Zip_____

Ph. _____ Email:_____

Gender: M   F   Age on Race Day_____

Event (Circle one):   5K Run   5K Walk

Ghost Runner: I am not able to participate but please accept my donation $_____

T-shirt Size: YS   YM   YL   AS AM AL AXL (AXL (+) $1.75)

T-shirts are only guaranteed with early registration

Hosted by: Socks for Heroes to benefit Veterans in VA Nursing Homes
Mailing Address: 1032 Cotton Street Wesson, MS 39191
Email forms and pay through PayPal: socksforheroes@yahoo.com
Please make checks payable to Socks for Heroes. If paying by PayPal, please Include your name in the memo.

PLEASE NO STROLLERS

Age Groups: 19 & under, 20-29, 30-39, 40-49, 50-59, 60 & over
Awards: All participants who finish the race will receive a finisher medal. Awards will also be given to overall winners (Male/Female), as well as to age group winners, 3 deep in each age group.
Information/Questions: Cathy Stroud 601-695-4140

Waiver & Release: By participating in this event I do so at my own risk of injury, illness, damage or loss to me or my property that might result, including without limitations, any loss of theft of personal property. I agree on behalf of myself to release and discharge the organizers of this event, it's principles, it's officers and directors, all sponsors and their representatives and employees from any and all claims or causes of action (known or unknown) arising out of their negligence. I acknowledge that I have carefully read this 'Waiver and Release' and fully understand that it is a release of my liability. By my signature below, I am waiving any right that I may have to bring legal action to assert a claim against all event sponsors for their negligence.

Signature (parent or guardian required if under 18)_____**Date**_____