

# Mendenhall Mayoral



**HEALTHY LIFESTYLE**



## Health Council Mendenhall In May 5K Run/Walk



May 17, 2025  
7:30A.M.



**Location:** Main & Pine Streets, Mendenhall

**Awards 5K Run & Walk:** Overall Male & Female / Top 3 in Age Groups

**Age Groups:** 19 & Under, 20-29, 30-39, 40-49, 50-59, 60-69 & 70 & Over

**Awards One Mile Fun Run:** Overall Male & Female

**Team Award:** Largest Team

**Fees:** FREE - FREE - FREE - FREE - FREE - FREE - FREE

Awards Ceremony Immediately after One Mile

**Mendenhall Mayoral  
Health Council 5K** Mail entry form to:  
MMHC 5K, PO Box 231, Mendenhall, MS 39114

For More Information Call  
Or Text 601-201-1629

OFFICIAL USE ONLY

Race you are entering: (Check one) 5K Run  5KWalk  One Mile Fun Run

Team Name \_\_\_\_\_

Name \_\_\_\_\_ Age(on 1/18/2024) \_\_\_\_\_ Sex \_\_\_\_\_

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

Phone \_\_\_\_\_ T-shirt size(Circle one): YS YM S M L XL XXL (\$2.00 extra)

WAIVER: In consideration of your acceptance of this entry, I herby for myself, my heirs, my executors and administrators, waive any and all rights and claims for damages I may have against The Mendenhall Mayoral Health Council, the City of Mendenhall and any individuals associated with this event, for any injuries or death suffered by me in connection with said event. I herby certify that I am adequately trained and fit to participate in this race and understand my participation in this event is a completely voluntary undertaking of my own choosing, and further, I fully understand that in so doing, I assume all risks involved in this event. I acknowledge that I have read and fully understand my own liability and do accept the restrictions.

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

(Parent or guardian must sign if under 18)