

Puckett Pack Dash



5K Run/Walk, 1/2 Mile Fun Run

Registration Information
Name:
Address:
Phone:
Email
Gender: M _____ F _____
Age:
Event: 5 K Walk _____ 5 K Run _____ Fun Run _____
Adult shirt size: S _____ M _____ L _____ XL _____ XXL _____ XXXL _____
Child shirt size: XS _____ S _____ M _____ L _____

When: Saturday, May 19th, 2018
5K Run/Walk (8:00 AM) and a ½ mile fun run to follow.

Where: Puckett High School,
Puckett, MS

Entry Fee:

- \$20 for adults pre-registered by May 12th, 2018. (Mailed entries should be postmarked by May 9th.)
- \$25 entry after May 12th. (There is no guarantee these participants will receive a shirt.)
- \$15 for children (under 12). Pre-register by May 12th.
- \$20 for children (under 12) after May 12th.

Mail form and entry fee to:

Puckett High School
Attention: Jason Goodwin/Chase Courtney
P. O. Box 40 6382 Hwy 18
Puckett, MS 39151
Email: jason.goodwin@rcsd.ms,
chase.courtney@rcsd.ms
(Checks payable to Puckett High School)

ACKNOWLEDGEMENT AND RELEASE

The undersigned, being a participant in the PUCKETT PACK DASH 5KRUN/WALK and 1/2 MILE RUN, and in consideration of the acceptance of my entry and registration to participate therein, does hereby forever release and agree to hold harmless Puckett High School, Rankin County Public School District, any and all sponsors or providers of the PUCKETT PACK DASH Run/Walk, both individually and in their official capacities as such, from any and all claims, rights, demands, or causes of action of every kinds and character arising from any injuries or damages sustained by me in the Puckett PACK DASH Run/Walk, it being understood and agreed that such release from liability and hold harmless agreement shall include but not limited to any cause or causes of action related to personal injury, death, and/or hospital or medical bills or expenses of any other kind or nature which I may suffer or incur as a result of my participation in the PUCKETT PACK DASH RUN.

I further warrant and represent that I am in proper physical condition to participate in the Puckett Pack Run and am not participating in this event without consultation with my physician or against physician's advice, nor am I taking medications which would impair my health or ability to participate in the PUCKETT PACK DASH.

WITNESS OUR SIGNATURES on this the _____ Day of _____, 20_____.

Signature (parent/guardian if under 18)

Emergency #

Witness