**RACE REGISTRATION FORM**

**COACH HAP HUDSON HOMECOMING 5K RUN/WALK**

**Saturday, October 26, 2019**

**8:00 a.m. Cockroft Hall**

Race day registration begins at 6:30 a.m.

Pre-registered participants will receive a race t-shirt.

Awards will be presented to runners/walkers in many categories.

**Cost: $25 / $30 on race day**

Please send registration forms to:

**MC Department of Kinesiology**

**P.O. Box 4054, Clinton, MS 39058**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-shirt Size: \_\_\_\_YM \_\_\_\_YL \_\_\_\_YXL \_\_\_\_S \_\_\_\_M \_\_\_\_L \_\_\_\_XL \_\_\_\_XXL($5extra)

In consideration of the foregoing event, I for myself, my executor, administrator and assignor do hereby release and discharge the sponsors and directors of the Hap Hudson Homecoming 5k from all claims arising from this participation in the above named event. I am physically fit and have properly trained to participate in this event. If under 18 years of age, please have a guardian sign.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit this form and payment by October 15th.



DEPARTMENT OF KINESIOLOGY

Contact: Suzanne McDonough ● 601.940.8186 ● smcdonou@mc.edu

\*Please make checks payable to MC Kinesiology Department