

Manheim-MS

Light It Up for the ARC

5K Glow Run/Walk

ALL Toy Donations will benefit the ARC Kids of Hattiesburg, Ms

Saturday, October 6, 2018

Registration & Liability Wavier Form

Each participant/participant guardian must sign this form

Name: _____ Enter Age on Race Day:

Address: _____ Age _____

City, State Zip: _____

E-mail: _____

Location: Race will begin and end at Longleaf Trace; the USM entrance

Date: Saturday, October 6, 2018

Registration Fee: Toy Donations (Please be as generous as possible) ... Monetary Donations (\$15 minimum {cash and money orders only}) will also be accepted.

Race Day Registration Time: 4:00-5:30 pm

5k Race Start Time: 6:00 p.m.

Hosted by Manheim – Stephanie Burton

Contact Information:

Stephanie Burton

601-268-7550

stephanie.burton@coxautoinc.com

RELEASE OF LIABILITY (Adult)

Waiver: In consideration of the acceptance of this entry I waive all claims for myself and my heirs against the sponsors, cooperating and coordinating groups and any individuals associated with this event and will hold them harmless for any and all injuries which may result from my participation. I hereby give my permission to the media to use my name and photograph in the newspaper, broadcast, telecast of this event without limitation or obligation. I certify that I am physically fit for this event and understand the risks involved by participating in this event.

Signature Date

PARENT / GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant name: _____ Birth Date: _____ Sex: _____

Parent/Guardian Name: _____ Home Phone: _____

I, _____, grant permission for my child to participate in the Manheim Mississippi 5k Race/Fun Walk. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Manheim Mississippi, its officers, directors and agents, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate Manheim Mississippi, its officers, directors and agents, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Medical Matters: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Signature _____ Date _____

Please return Registration & Liability Waiver Form to:

**Attention: Stephanie Burton
Manheim Mississippi
7510 US Hwy 49 North
Hattiesburg, MS 39402**