



# 7th Annual Hippity Hop for Your Heart 5K



Saturday, April 13th  
George Regional Hospital  
8:30 a.m. 5K & One Mile Fun Run to follow

**Benefits:** The American Heart Association

**Location:** George Regional Hospital (859 Winter Street, Lucedale, MS 39452)

**Distance:** 5K (3.1 miles) course through City of Lucedale, MS.

**Entry Fees:** \$20 (Entry fee includes a Hippity Hop for Your Heart t-shirt)

**Packet Pick-up:** 7 - 8:15 a.m. at George Regional Hospital

**Awards:** Top Male and Female Overall, top two male and female:  
1-9, 10-14, 15-19, 20-29, 30-39, 40-49, 50-59, 60+

**T-shirts:** To guarantee a shirt, entry due **March 29th**

**Entry Deadline**  
**March 29th**  
(to guarantee shirt)

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Circle one:** 5K OR One Mile Fun Run **t-shirt only?** \_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_ **Gender:** M F

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

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**T-shirt size:** YS YM YL S M L XL XXL

Waiver: I accept any and all responsibility for injury, accident, or loss of personal or group property resulting in my participation in the Hippity Hop for Your Heart 5K Fun Run event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release George Regional Health System, the City of Lucedale, Tri Hard Sports, all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I also grant permission to use any photographs taken during the event for informational or promotional use.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Make checks payable to: George Regional Hospital**  
**Mail completed application and fees to:**  
**859 Winter Street, Lucedale, MS 39452**

