

George Regional Health System

Hippity
Hop
for your
Heart

5K

April 4th
8:30 am

George Regional Hospital



Benefits: The American Heart Association

Entry Fee: \$20 (students \$10)

Entry Deadline: March 16th 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, traffic and the conditions of the road. I, for myself and anyone entitled to act on my behalf, waive and release George Regional Health System, the City of Lucedale, all sponsors, from all claims or liabilities of any kind arising out of my participation in this event. I also grant permission to use any photographs taken during the event for informational or promotional use.

Signature: _____

Date: _____ If student, which sport/club: _____

Make checks payable to: George Regional Hospital
859 Winter Street, Lucedale, MS 39452

