



LOWNDES HIGH SCHOOL 5K

BENEFITTING THE CROSS COUNTRY TEAM

Course : Come out and run this 2 loop flat and fast 5k course on Lowndes High School campus.

Date/Event Time: Saturday, November 12, 2016

Registration and Entry Fee:

7:30-8:30 am REGISTRATION/Package Pickup

5K before Nov. 1st, 2016: \$15

8:30 am 5K RUN

5K after Nov. 1st and Race Day: \$20

***Register by November 1st to guarantee L/Sleeve T-shirt.**

Awards: Overall Male and Female finisher of 5K and Top 2 finishers in each age category: 14 & under, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70-79, 80+ **Register online at: www.runningintheusa.com**

Please make checks payable to: LHS XC. Registration can be delivered or mailed to LHS 3606 Norman Dr. c/o Martha Mazurkiewicz Valdosta, Ga. 31602

Timing and Results provided by: Finish Line services provided by A Course/Line-complete results will be posted on runningintheusa.com along with other sites.

Contact information: Call 229-630-4656 or email marthamazurkiewicz@lowndes.k12.ga.us

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Official Entry Form: T-shirt size AS_____ AM_____ AL_____ AXL_____ (+\$2)_____

Name:_____ Phone:_____

Address:_____ City:_____ St:_____ Zip:_____

Age (as of 11/12/16)_____ Birth date:_____ Male_____ Female_____

Participant waiver : This release and waiver is executed on this date_____. Knowingly, and at my own risk, I am voluntarily participating in LHS XC 5k. I do hereby waive release any and all claims against Lowndes High School, and all event sponsors, employee, volunteer, and or officials of these organizations from any claim of injury, (including death) that I may incur as a result of my participation in the event. I further hereby certify that I have full knowledge of the risks involved in this event, and I am physically fit and sufficiently trained to participate. If, however, as a result of my participation in the LHS XC 5k, I require medical attention, I hereby give consent to authorized medical personnel to provide such medical care as deemed necessary. *"Finish line services furnished by A Course/Line, LLC of Valdosta"*

Printed Name:_____

Signature of participant or Parent if participant is a minor_____