



# Run Away from Drugs 5K



DREAM of Hattiesburg, Inc. Presents The  
2<sup>nd</sup> Annual *Run Away from Drugs 5K Fundraiser July 8, 2017*  
Benefiting **DREAM** of Hattiesburg, Inc. Youth Leadership Development

Come out to help promote Drug Prevention & Drug Abuse Awareness at the  
**Jackson Pavilion off of Jackson Road!**

**Online Registration:** <https://raceroster.com/events/2017/13097/run-away-from-drugs-5k>

**Onsite Registration:** begins at **7:00 AM**

### Prizes awarded to:

- Overall Male and Female Winners
- Masters Male and Female Winners
- Top Male and Female
  - 1<sup>st</sup> 2<sup>nd</sup> and 3<sup>rd</sup> place winners of each age group
    - 12 and under, 13-19, 20-29,30-39, 40-49, 50-59, 60-69, 70-79, 80+

### RACE INFORMATION

- \$20 preregistration fee, includes t-shirt and swag bag
- \$15 for Pine Belt Pacers members
- **Preregistration deadline Thursday, July 8, 2016**
- **T-shirts only guaranteed for those who preregister.**
- **\$25 onsite registration fee**  
All Proceeds benefit youth leadership development for the DREAM Team & Junior DREAMers

## Run Away from Drugs 5K Run

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Sex: M or F    DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_    Age \_\_\_\_\_    T-shirt Size: S M L XL XXL XXXL

### Waiver for Run Away from Drugs 5K Run

In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury or accident which may occur while I am traveling to or from the event, or while I am on the premises of the event. I am also aware of and assume all risks associated with participating in this event, including but not limited to falls, contact with other participants, effect of weather, traffic, and conditions of the road. I, for myself and heirs and executors, hereby waive, release and forever discharge the event organizers, sponsors, promoters, and each of their agents, representatives, successors and assigns, and all other persons associated with the event, for all my liabilities, claims, actions, or damages that I may have against them arising out of or in any way connected with my participation in this event. I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties, or otherwise. I understand that the entry fee is non-refundable and non-transferable. I hereby grant full permission to any and all of the above parties to use any photographs, videotapes, motion pictures, website images, recordings or any other record of this event.

Signature: \_\_\_\_\_  
(Parent if under 18 years of age)

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Mail to:** P. O. Box 744 Hattiesburg, MS 39403 or  
**Drop-off:** DREAM of Hattiesburg, Inc. office: **614 West Pine St.**  
Make all checks payable to **Dream of Hattiesburg, Inc.**