



George Regional Health System 2nd Annual

HiPPiTY HOP FOR YOUR HEART 5K FUN RUN

Saturday, April 12 - 8:30 a.m.
George Regional Hospital Campus

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. 5K officiated by Little Red Hen Productions.

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

Packet Pick-up: Packet pick-up and race day registration from 7 - 8:15 a.m. at George Regional Hospital

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

T-shirts: To guarantee a shirt on race day, submit your application by **March 26**.

Post Race Activities: Easter egg hunt (at 10:00 a.m.), refreshments, face painting, balloon art, heart health educational booths, pictures with the Easter Bunny, and more.

Last Name: _____ **First Name:** _____ **Age:** _____ **Sex:** _____

Address: _____ **City, State & ZIP:** _____

Date of Birth: _____ **Phone:** _____ **Email:** _____

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 Hippy 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, LRH Productions, 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:** _____

**Entries due March 26 to guarantee shirt. Make checks payable to: George Regional Hospital
Mail completed application and fees to: 859 Winter Street, Lucedale, MS 39452**

