

PAUL LACOSTE

SPORTS

NEXT LEVEL MISSISSIPPI

5K REGISTRATION FORM

SATURDAY, AUGUST 10

DOWNTOWN NEAR THE INN ON WHITWORTH &
BROOKHAVEN-LINCOLN COUNTY CHAMBER OF COMMERCE
South Whitworth Avenue • Brookhaven

Please fill out this registration form clearly and in its entirety.

Name _____

Address _____

E-mail _____

Phone _____

Please read the following thoroughly and sign below to confirm you consent to all terms in this waiver:

By acknowledging the waiver and agreeing to its terms, the undersigned represents that I am in adequate health to run/walk the 5K activity today and I agree to release and hold harmless Paul Lacoste Sports, Inc., all of its employees, officers and directors, and all companies and event sponsors associated with the Paul Lacoste, Inc. 5K, as well as any and all associated companies, race volunteers, food and beverage providers, and owners of the venue from any injury or liability resulting from my participation in the Paul Lacoste Sports 5K. My signature below acknowledges that I have both read and understood this document as part of the registration process, that I accept the Waiver, and that I represent that I am at least 18 years old.

By completing this form, you authorize PLS and associated companies to contact you in the future.

Your Signature _____ Date (MM/DD/YYYY) _____

