



52nd Annual Gopher Hill Festival

Breast Cancer Awareness: "Paint the Town Pink - Pink Together, Stronger Forever"

www.gopherhillfestival.org

GOPHER HILL FAMILY 5K RUN/WALK REGISTRATION

Saturday, October 5, 2024

CHECK-IN starting at 7:30 am (Ridgeland Baptist Church) RACE TIME: 8:00 am

- Entry Fee** Fee \$30 per person or \$60 per family if received by September 27th \$35/\$65 after September 27th.
- T-Shirts** Family entry fee will include TWO t-shirts. Additional shirts may be purchased for \$20 each.
- Course** 5K Mostly flat road run or 1 Mile WALK / KID RUN
- Awards** Medals will be awarded to the Overall Male and Female winners and for each age group.
- Registration** Register by SEPTEMBER 20th TO GUARANTEE RACE SHIRTS
- Payment** Make checks payable to Gopher Hill Festival 5K. Registration forms & payment may be dropped off at the Jasper County Chamber of Commerce.

-----DETACH HERE AND SEND WITH ENTRY FEE-----

REGISTRATION FORM

5K RUN / WALK or 1 MILE WALK / KID RUN _____ Male _____ Female

First Name _____ Last Name _____ E-Mail _____

Address _____ City _____ State _____ Zip _____

Best Contact Number _____ Age (as of 10/5/24) _____

SHIRT SIZE (*circle one*) AS, AM, AL, AXL, AXXL (two shirts included per family entry) Long sleeve T-Shirt

In consideration of your accepting me/my child's registration, I do hereby assume full responsibility for any and all damages, injuries, (including death), or losses that I may sustain or incur, if any, while attending or participating in the Gopher Hill Family 5K Run / Walk. I hereby, for myself, my heirs, executors and administrators, assume full risk, waive all claims and release and hold the Gopher Hill Committee, Town of Ridgeland, as well as all volunteers, employees and representatives who are in any way connected with event, individually or otherwise, harmless for any and all claims for injuries or damages. Further, in the event of injury, I do hereby give permission and consent to authorize such first aid and/or medical and/or hospital care of treatment as deemed appropriate by medical personnel. In addition, I am fully aware of the provisions covered by the fee for this event and I understand that if any emergency arises, any and all additional expenses incurred must be borne or assumed by the participants.

SIGNATURE: PARTICIPANT (OR PARENT OF CHILD UNDER 18) _____