

Midnight 5K Run

**Proceeds will benefit
the American
Cancer Society**

Friday, March 14, 2008

Demopolis Sports-Plex

Pre-register by: 03/07/08

Registration Information:

- Registration begins at 11 p.m. in the Sports-Plex Pavilion at the Demopolis Sports-Plex

- Race begins at 12:00 a.m. (midnight)

- \$15 Registration fee (non-refundable)

Race Information:

Top 3 Overall Male & Female Finishers:
1st Place; 2nd Place; 3rd Place

Masters (Over 40) Male & Female:
1st Place Finish only

Top 3 Male & Female finishers in each age group: u9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-79, 80+

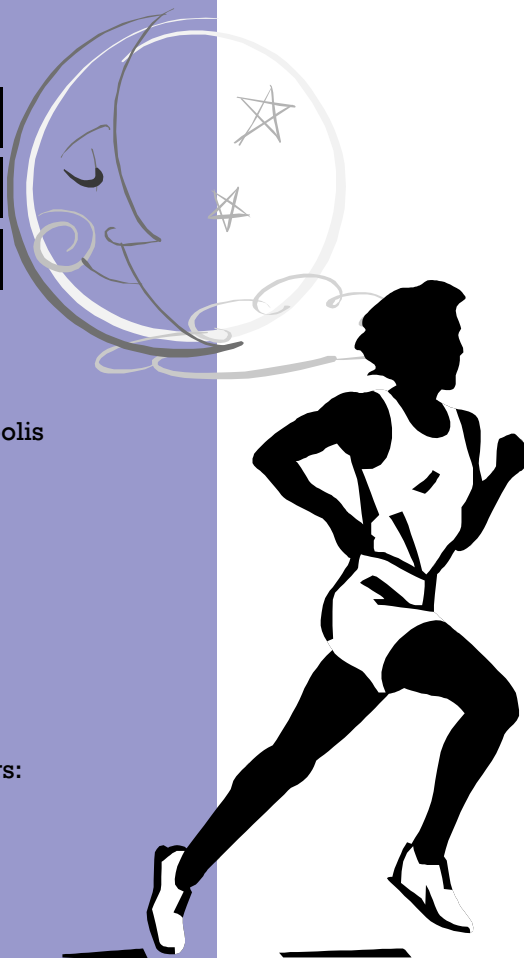
First 100 participants will receive a commemorative t-shirt the night of the race.

PRIZES

Free t-shirts to first 100 participants

Sponsored by:

Bryan Whitfield
Memorial Hospital
Relay for Life
Team



**Registration forms are
available online at
www.bwwmh.com**

**For more information, call Chrissy
Brooker at 334-287-2626**

**Bryan Whitfield Memorial Hospital Relay for Life Team
Midnight 5K Run – Friday, March 14, 2008**

Registration Form (PLEASE PRINT)

Last Name:		First Name:	
Address:		City:	
State:		Zip:	
Email Address:		Phone Number:	
Male:	Female:	Date of Birth:	Age:

Release Form
(MUST SIGN BELOW)

I, individually, (and/or as parent, and/or guardian of the named minor) for and in consideration of acceptance of this entry in the aforementioned event, do hereby release, remise, waive and forever discharge the Sponsor and any and all other supporting groups of this said race event, together with all of their officers, agents, officials, volunteers and employees from any and all liability, claims, demands, actions or cause of actions whatsoever arising out of, or related to any injury, illness, loss, or damage, including death, relating to my participation in the aforesaid event. I further state that I am in proper physical condition and have trained properly to compete and participate in this event.

Participant's Signature (if under 18, please have a parent sign below)

Parent/Guardian Signature

Date Signed

Return completed form and registration fee to: Chrissy Brooker, Director of PR/Marketing
Bryan Whitfield Memorial Hospital
P.O. Box 890
Demopolis, AL 36732

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For Office Use Only

Date Paid _____ Check _____ Cash _____