

2017 Cure Sickle Cell
A W A R E N E S S



Annual 5K
walk.run.ride
CURE SICKLE CELL FOUNDATION

Sunday
Sept.
24th

3pm-Registration
4pm-Walk Begins

DOWNTOWN JACKSON
THALIA MARA HALL
255 E. PASCAGOULA ST
JACKSON, MS 39201

Attention Sickle Cell Survivors! Submit your name and shirt size to contact@curesicklecell.org by Sept. 8th

Register Now!

Registration Fee:

Individual-\$20 per person

Team (Min. of 10)-\$15 per person

Register Today At

www.curesicklecell.org



DEADLINE TO PRE-REGISTER AND GUARANTEE A T-SHIRT IS FRIDAY, SEPT. 15TH



234 E. Capitol Street, Jackson, MS 39201
Phone: 601-853-3402 | Alt Phone: 601-918-0418
www.curesicklecell.org | contact@curesicklecell.org

@curesicklecell
#curesicklecell



Walk Registration Form

Sunday, September 24, 2016

Registration Begins @ 3pm

5k Walk/Run/Ride @ 4pm

\$20 Individual Registration

\$15/person Team Registration (Ten or more people. No Event T-shirt)

September is Sickle Cell Awareness Month and on Sunday, September 24 we will celebrate the advances and honor those who have struggled with Sickle Cell Disease (SCD) at our Annual Sickle Cell Awareness Walk/Run/Ride. The Walk/Run/Ride is a competitive & non-competitive 5K for people of all ages and fitness levels. On-site registration for the walk will begin at 3 pm. However, pre-registration is strongly encouraged and offered online at www.curesicklecell.org. The 5K will start at 4 pm at the Thalia Mara Hall, Downtown Jackson. T-shirts are only guaranteed for those that pre-register prior to September 5. An honorary balloon release will be held for those who have passed away from SCD. Upon registering please submit names, ages and date of passed loved ones to contact@curesicklecell.org. The 5K will conclude at the Fountains of Thalia Mara Hall. Proceeds will benefit Mississippi families that suffer from sickle cell disease, support educational efforts and programing that serves the community. We look forward to seeing you on Sunday, September 25 at 3 pm.

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

E-mail: _____

Team: _____

T-Shirts are only guaranteed until September 10

T-Shirt Size(Circle One): **YS YM YL S M L XL XXL** (add \$3)

A parent or legal guardian must sign for all participants under the age of 18.

Please mail registration to CSCF, 234 East Capital St. 2nd Floor, Jackson, MS 39201

Do not mail after Monday, Sept. 10

I hereby certify I am adequately fit to walk in this activity. In consideration or the acceptance of this entry, I, the undersigned, for myself, my personal representative, beneficiaries, and heirs, knowingly waive, release, and discharge any and all rights and claims which I have or may have hereafter accrue to me or my estate against the Cure Sickle Cell Foundation, Inc., City of Jackson (MS) and/or any other sponsors, facilities, organizers and volunteers and assigns for any and all injuries or death suffered by me in this event. I will also allow pictures or video footage of me to be used in publications as a result of this race.

Signature: _____