

**Christ United Methodist Church**

**5K Run/Walk**

**1 Mile Fun Run**

Saturday, May 13, 2006 at 8:00 a.m.

Sponsored by the Recreation Ministry of CUMC

**Registration:** Pre-register by mail, post-marked no later than Saturday, May 6, 2006. Race day registration begins at 6:30 a.m. in the CUMC gym located in the back of the church property at 6000 Old Canton Road, Jackson, MS 39211.

**Cost:** \$15.00      \$20.00 on race day (for both races)      Family Maximum \$55.00

**Awards & Age Groups:** Award ceremony to be held in the church gym immediately following the 1 mile run. A male/female winner in the overall, masters, grand masters, and SR. masters divisions will be given. Also, 1<sup>st</sup>, 2<sup>nd</sup>, & 3<sup>rd</sup> places in the following age groups will be awarded:

**5K Run** (female) 18 & under; 19-24; 25-29; 30-34; 35-39; 40-44; 45-49; 50 & over

**5K Run** (male) Same as above with added categories of 50-54; 55-59; 60-64; 65 & over

**5K Walk** 0-19; 20-29; 30-39; 40-49; 50-59; 60-69; 70 and over

**1 Mile Fun Run** Trophies awarded to overall male & female winners and 1<sup>st</sup>, 2<sup>nd</sup>, & 3<sup>rd</sup> places in these age groups: 0-5; 6-7; 8-9; 10-11; 12-13; 14-15

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**REGISTRATION FORM**

**CUMC 5K RUN**

To register, please complete and return with payment to:

**Christ United Methodist Church**  
c/o Betty Lynn Freeman  
6000 Old Canton Road  
Jackson, MS 39211

5K Run ( )      5KWalk ( )      One Mile Fun Run ( ) ages 15 & under

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Age \_\_\_\_\_ Male \_\_\_\_\_ Female

T-shirt size (circle one) AS AM AL AXL AXXL (\$2 extra charge) Youth: M L

**(The first 200 registrants receive a T-shirt)**

Waiver: In consideration of this entry acceptance, I, the undersigned as a participant in the CUMC 5K Run, waive any and all rights and claims for myself, heirs, executors and administrators of damages that I might have against Christ United Methodist Church, its members and volunteers, sponsors, Mississippi Track Club, and any officials which may indirectly or directly be connected with this race in case of any injuries, loss, or death sustained by my participation. I further state that I am in proper physical condition to participate and compete in the CUMC 5K Run, and I am not participating against doctor=s advice nor am I taking medications that would deter my health in the participation of the race.

Participant=s Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian if participant is under age 18