# 13th ANNUAL MARZUQ SHRINERS MOTHER'S DAY 5K and 1 Mile

**WHERE: Maclay Gardens State Park**
**3540 Thomasville Rd.**
**Tallahassee, FL 32309**

**WHEN: Saturday, May 13, 2017 8am (1M) 8:30 (5K) Awards and festivities to follow**

**FEE: Pre-registration by May 11, 2017:**

**5K With Shirt: $18 5K Without Shirt: $12**

**1M With Shirt: $16 1M Without Shirt: $10**

***Registration on race day will increase $5***

**Register Online: Search Eventbrite.com or**
**https://www.eventbrite.com/e/marzuq-shriners-mothers-day-5k-and-1m-tickets-29591773792**

Register in person Monday-Friday 9am-12pm:
Marzuq Shrine Temple
1805 North Monroe St, Tallahassee, FL 32303

Register by Mail:
Marzuq Shriners Attn: Event Coordinator
PO Box 37130 Tallahassee, FL 32315-7130

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# REGISTRATION FORM

**Print** Name _____
Age on 05/13/2017_____ Gender_____
Address_____
City_____ State____ Zip_____
Email_____
Emergency contact and phone number_____

**Circle** Shirt Size: Youth: S M L Adult: XS S M L XL XXL

By registering to participate in the Marzuq Shriners Mother's Day 5K and 1 Mile, I acknowledge that I am participating in a potentially hazardous activity and that I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to me ability to complete the run. I understand here are risks associated with running in this event, including but not limited to: falls, contact with other participants, weather (excessive heat and/or humidity), traffic, and road or path conditions. These risks being known and appreciated by me having read this waiver and knowing these facts and in consideration of you accepting my application, I, and anyone entitled to act on my behalf, forever waive and release the Marzuq Shriners', the Shrine of North America, the State of Florida, Maclay Gardens State Park, event coordinators, volunteers, and any sponsoring agent, their representatives and successors from all claims and liabilities of any kind arising from my participation in this event even though that liability may arise from negligence or carelessness on the parts of the persons/agents named in this waiver and am voluntarily assuming the risk of such injuries and damages. I will assume my own medical and emergency expenses in the event of an accident or other incapacity or injury resulting from my participation. I grant permission to all the forgoing to use any photographs, motion pictures, recordings, or other record of this event for legitimate purpose. I have read and understand everything written above and voluntarily sign this agreement.

_____
Signature of Entrant (required)
Must be signed by parent or legal guardian if entrant is under 18 years of age.