

**WHERE:** Maclay Gardens State Park  
Tallahassee, Florida

# NINTH ANNUAL

**WHEN:** Saturday, May 13, 2012  
8:00 a.m. - Rain or Shine

**FEE:** Re-registration by May 4, 2012  
& 402 King's Highway 17.00 Fee  
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Mail registration form and fee to:  
**Marzuq Shriners**  
Attn: Event Coordinator  
P.O. Box 37130  
Tallahassee, FL 32315-7130

## MARZUQ SHRINERS' MOTHER'S DAY 5K

*(Please print)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email: \_\_\_\_\_

Run Category: Male / Female

- |           |       |       |       |       |       |         |       |
|-----------|-------|-------|-------|-------|-------|---------|-------|
| 9 & under | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39   | 40-44 |
| 45-49     | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75 & up |       |

*Awards to top male and female in each age group.*

By registering to participate in the Marzuq Shriners' Mother's Day 5K, 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 my ability to safely complete the run. I understand there 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 person/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 foregoing to use any photographs, motion pictures, recordings or other record of this event for any legitimate purpose. I have read and understand everything written above and I voluntarily sign this agreement.

\_\_\_\_\_  
Signature of Entrant (required)

Must be signed by parent or legal guardian if entrant under 18 years of age.