



5K/WALK/1 MILE RUN

Tougaloo College
Owens Health and Wellness Center
Saturday, October 4, 2014 w 8:00am



Sponsored by:
Alpha Kappa Alpha Sorority, Incorporated • Rho Lambda Omega Chapter
Ebony Pearls Foundation

PRE-REGISTRATION DEADLINES: By mail postmarked no later than Sept. 19. Online by Sept.15.

RACE FEES: *Pre-Registration:* \$20 ♦ *On-Site Registration:* \$25 ♦ *Team Registration:* (3 to 5 members) \$75 Pre-registration only

RACE DAY REGISTRATION/ RACE PACKET PICK UP: 6:30am -7:45 a.m. at the Tougaloo Owens Health and Wellness Center
500 West County Line Road, Tougaloo, MS 39174

COURSE: The route will begin and end at the Tougaloo Owens Health and Wellness Center. Racers will run/walk through the historic Tougaloo College campus twice.

AWARDS: Overall, Masters, Grand Masters. Age group awards to top three.

5K RUN/5K Walk

Male: 19 and under, 20-29, 30-39, 40-49, 50-59, 60-69, 70 and Over

Female: 19 and under, 20-29, 30-39, 40-49, 50-59, 60-69, 70 and Over

1 MILE FUN RUN: 10 and under. Overall male and overall female

TEAM COMPETITION : Teams may have 3-5 members, but only top three finishers scored for team time. Please submit a separate form for each team member and send all team entries and fees together in a single envelope.

AMENITIES: A finishers Medal, water, refreshments, door prizes and a free health fair.

RACE WILL BE HELD RAIN OR SHINE. NO REFUNDS.

For more information: Contact Marilyn Reed at 601-624-3825 or alphakappa5k@gmail.com

THE AKA 5K (RUN/WALK/ 1 MILE FUN RUN)

Race Directed by: Diva Race Timing



REGISTER ONLINE AT WWW.ACTIVE.COM

Official Use Only
BIB# _____

(Check one) 5K Run _____ 5K Walk _____ One Mile _____

Name _____ Age (on 10/4/14) _____ Sex _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Team Name _____

T-Shirts Are Available for \$10 each. (Circle One) YM YL S M L XL XXL XXXL (\$2 extra)

Total Amount Enclosed: \$ _____

WAIVER AND ASSUMPTION OF RISK:

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I assume all risks associated with running including but not limited to falls, contact with other participants, the effects of the road and traffic; all such risks being known by me. Having read this waiver and knowing these facts, I, for myself, and my heirs and assigns, and anyone else entitled to act on my behalf, do waive and release the Alpha Kappa Alpha Sorority, Incorporated, Rho Lambda Omega Chapter Race Committee, and all sponsors, their directors, officers, and volunteers from all claims of liabilities of any kind or nature whatsoever arising out of my voluntary participation in this race, even though that liability may arise from negligence or carelessness on the part of the persons named in the waiver.

Signature _____

Date _____ (Parent or Guardian must sign form if under 18)

Make Checks Payable to: Ebony Pearls Foundation
Mail Entry Form and check to: Ebony Pearls Foundation, P.O. Box 10054, Jackson, MS 39286



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