

The Brody School of Medicine's Medical Student Council Presents:
The 18th Annual

Hamstring Hustle 5K Run/Walk

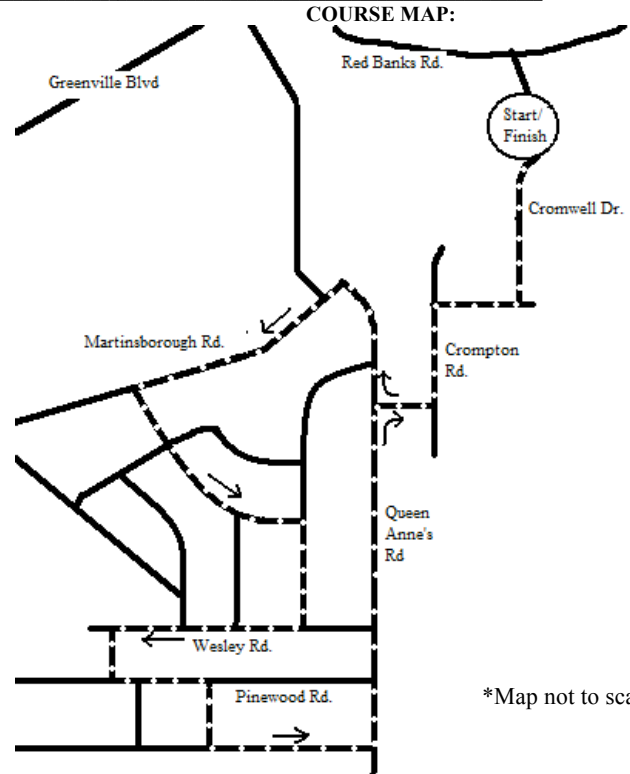
To Benefit: ECU Pediatric Healthy Weight Research and Treatment Center

March 31, 2012 at 9:00 am (late registration at 8:00 am)

Age Groups:	12 and under	13-19	20-29	30-39	40-49	50-59	60 and over
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Awards presented to:

Overall Male and Female Winners and the Top 3 Male and Female Finishers in each age group



*Map not to scale

Report to Moe's Southwest Grill (610 Red Banks Rd.) by 8:15 AM for race day registration and T-shirt pickup

To Register for the Race:

- Complete Online Registration at www.active.com. Do a Classic Event Search for "Hamstring Hustle"
OR
- Fill out, detach and return this portion **with entry fee** to:
Medical Student Council, 600 Moye Blvd, Brody 2S-20, Greenville, NC 27834
-Checks payable to *Medical Student Council*
Questions / Inquiries? E-mail: hamstringhustle@gmail.com

Name: _____ Date of Birth: _____ Age (race day): _____ Sex (M/F): _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ E-mail: _____ (your email will not be used for anything other than this race)
 Where did you find out about the race? _____

Entry Fees:	(check appropriate box)
Pre-registration: Postmarked by March 24 th , 2012	<input type="checkbox"/> \$20.00 (With T-shirt)
Late Registration and Race Day Registration: (Please report no later than 8:15 AM for Race Day Registration)	<input type="checkbox"/> \$25.00 (With T-shirt)
T-Shirt Size:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL

*Choice of T-shirt size and/or availability may be limited for Late Registrants

I release the City of Greenville, Brody School of Medicine at ECU, the Hamstring Hustle 5K Run, all of its Sponsors and race personnel from all claims for damages and liability which may result from my participation in the Hamstring Hustle 5K Run. I also agree that my entry fee is a donation to Brody School of Medicine's Medical Student Council and that no refund will be given.

Signature (parent or guardian if under 18) _____

Date _____