



3rd Annual – Longleaf Trace Century Ride

All Proceeds going to the Trace (Tax Deductible Donation)

Event participating (Circle One): (Kids Welcome) 30 mile 60 mile 100/Century

This is fully supported Century Ride (Aid stations and Sag Vehicle). Lunch Provided Pizza

Start: USM Gateway Station on the Trace. 2895 W 4th St, Hattiesburg, MS 39404; 601-450-5247

When: (Saturday) May 10, 2014. Race Starts at 7:30 am Same Day registration starts at 6 till 7.

Register at Active.com, mail to above address or go by Trace. Please register ASAP.

\$35 entry fee for pre-registered and \$40 same day registration. Payable to Longleaf Trace.

Course: Search Map My Ride for Longleaf Trace Century Ride

Name: _____

Email: _____

Phone: _____

Emergency Contact: _____

T-shirts only guaranteed if pre-registered 2 weeks ahead of race. Size: _____

Race Director: Joey Jarrell – jjjarrell@southernco.com or Jerry McBeth – jhmcbeth@southernco.com

WAIVER, RELEASE, COVENANT NOT TO SUE AND AUTHORIZATION/CONSENT TO MEDICAL CARE:

In consideration of the above named participant being allowed to participate in any way in the bike ride (the “Event”) sponsored by Mississippi Power Company, and others, the undersigned does **HEREBY ACKNOWLEDGE AND FULLY UNDERSTANDS** that the participant will be engaging in Event activities, for which Mississippi Power Company, and the other sponsors, take no responsibility for, or warrants, in any way, that the Event involves the risk of serious injury, including permanent disability and death, and severe social and economic losses that might result **NOT** only from the undersigned’s own actions, inactions or negligence, but from the actions, inactions or negligence of others, the rules of the road and play and/or the condition of the premises, including, but not limited to the Event course, or of any equipment used. In addition, there may be other risks not known or not reasonably foreseeable at this time.

ACKNOWLEDGING AND ASSUMING all of the foregoing risks, known and unknown, and accepting full personal responsibility for the damages following such injury, permanent disability or death, **THE UNDERSIGNED DOES HEREBY**, on his/her behalf, or on behalf of his/her minor ward, **RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMINIFY AND COVENANT NOT TO SUE MISSISSIPPI POWER COMPANY, SOUTHERN COMPANY, LONGLEAF TRACE, the UNIVERSITY OF SOUTHERN MISSISSIPPI or any other SPONSORS** of the Event (collectively, including their officers, directors and employees, hereinafter the “Releasees”) from and against any and all liability to each of the undersigned, his/her guardians, heirs, executors, administrators, successors, assigns or next of kin for any and all claims, demands, losses or damages, of any kind or character, on account of any injury, including death, or damage to property, in connection with the Event and/or caused or alleged to be caused in whole or in part by the negligence of the Releasees, or otherwise, to the fullest extent permitted by law.

FURTHER, THE UNDERSIGNED DOES HEREBY CONSENT TO, on his/her behalf, or on behalf of his/her minor ward, permit and/or authorize Releasees to seek emergency medical treatment in the event of accident or injury to the undersigned or his/her minor ward.

I ACKNOWLEDGE THAT I HAVE READ THE ABOVE WAIVER, RELEASE, COVENANT NOT TO SUE AND AUTHORIZATION/CONSENT TO MEDICAL CARE, I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY EXECUTING SUCH AND I AGREE THAT I HAVE VOLUNTARILY EXECUTED SUCH FORM AFTER BEING GIVEN AN OPPORTUNITY TO SEEK LEGAL COUNSEL TO REVIEW SAME.

mc _____
Participant’s Signature Date

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY (21) AGE

This is to certify that I, as parent/guardian with legal responsibility for the above named participant, do consent and agree, on his/her behalf, to the release as provided above, and, for myself, the above named participant, my heirs, assigns and next of kin, release and agree to indemnify and hold harmless the Releasees as provided above.

Parent/Guardian Signature Date

Printed Parent/Guardian Name