

# 2024 MULE NIGHT 5K

## September 27, 2024

### Awards

5K Male & Female

Top Overall Winners and  
Top 3 Winners From  
Each Age and Gender  
Division

Everyone who pre-registers  
will receive a T - Shirt



# Annual 5k Run

By your participation, you are supporting our local high school cross country team. Their funding is raised solely through 100 percent of contributions. We thank you for your support and we know through our combined efforts we can help them achieve their goals.

### REGISTRATION: \$25.00

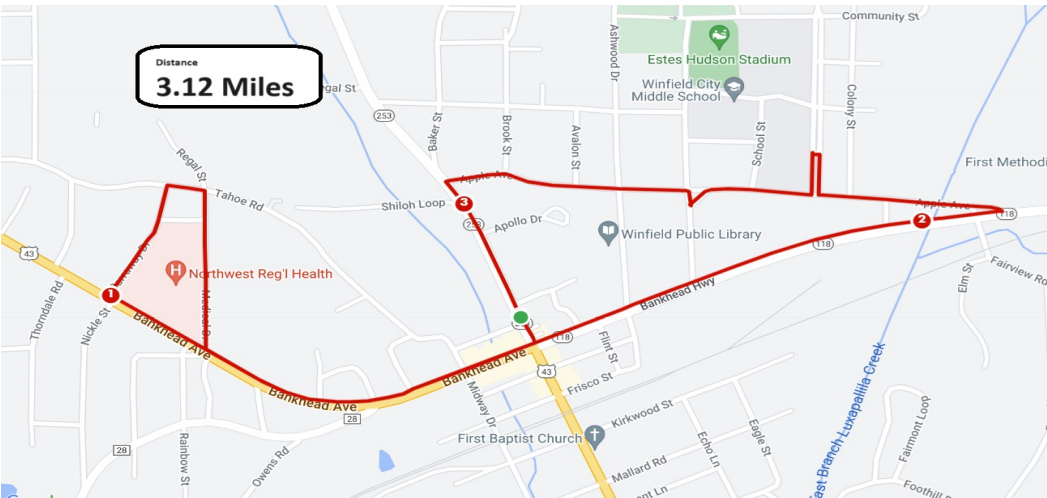
Pre-Registration: Available Online at <https://runsignup.com/Race/AL/Winfield/MULENIGHT5K> beginning 6/28/24.

Cut off will be 9/13/24 at Midnight  
Pre-Registered runners will be able to pick-up their packet starting at 10:30pm at City Hall parking lot on 9/27/24 Must be registered by 11:30pm on 9/27/24

If you are not pre-registered you will not receive a packet and will not be guaranteed a chip timer.

Route Course: See Map Below

**Location:** Winfield City Hall  
**Time:** 12:00 Midnight  
**Contact:** 205.412.7805 Cell Phone  
**Mail Form To:** Billy Stovall  
Winfield Middle School  
481 Apple Ave  
Winfield, Al. 35594  
**Make checks Payable to:** WCHS



## Proceed Recipients: WCHS Cross Country Team

## Entry Form



5K Run     Fun Run/Walk

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

Gender:  Male     Female    Age: \_\_\_\_\_

T-Shirts Size (Indicate Size)

Adult     Small     Medium  
 Large     X-large



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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Waiver: I should not enter a run/walk unless I am medically able and properly trained. I know that running/walking a road race is potentially hazardous activity. I also know that although police protection will be provided there may be traffic on the course route. I assume the risk of running in potential traffic. I also assume any and all other risks associated in running/walking this event, including but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and the conditions of the road, all such risks being known and appreciated by me knowing these facts, and in consideration of your accepting my entry fee, I hereby for myself, my heirs, executors, administrators and anyone else who might claim on my behalf, covenant not to sue and waive, release, discharge and will hold harmless the Northwest Medical Center, Northwest Wellness Center, volunteers, and any and all sponsors including their agents, employees, assigns, or anyone acting for or on their behalf, for any and all claims or liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of, my participation in this event. This release and waiver extends to all claims of every kind or nature whatsoever. The undersigned further grants full permission to allow my name and/or picture to be used in any document, newspaper, broadcast, telecast, or other account of this event without limitation and without compensation to me.

**Applications for minors will only be accepted with a parent's signature.**

Applicant Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_

*Parent or Guardian must co-sign if applicant is under 18 years of age*