

Date Form Received: \_\_\_\_\_
Total Amount Received: \$

## GREAT 5K PUMPKIN RUN

## And 1M Family Trot RACE FORM

**Saturday, September 28, 2019** at the Lonoke Depot, 102 W. Front St., Lonoke, AR 5K Pumpkin Run at 8:00am, 1M Family Trot at 9:30am



PLEASE PRINT LEGIBLY **Last Name: First Name:** Date of Birth: Sex: M F Age on 9/28/2019 Address: City: State: Zip: Email: T-shirt size: Youth 2XL YS YM YL Adult S XL Cirlcle One: 5K Run 1M Trot Spirit Runner \*5K Run- Pre-registration: \$25 (ends Sept. 25) Race Day Registration: \$30 \*1M Family Trot - \$10 per child, adults free \*Spirit Runner - \$25 (Not actually running but wishes to donate and receive t-shirt) \*Family fee cap for all events - \$60 (2 adults + kids age 11 and under) (All registration fees are nonrefundable) Payment: Check one Make checks out to Open Arms Shelter and send to: Cash \_\_\_\_ Check \_\_\_ Credit \_\_\_ 1500 Navajo Trail Lonoke, Arkansas 72086 Find more information or register on-line at www.great5kpumpkinrun.com or www.openarmsshelter.org or call 501-590-0441 Release: know that running and volunteering to work in club races or training programs are potentially hazardous activities. I should not enter and run in this race or training program 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 or training program. I assume all risks associated with running, participating in the training program, and volunteering to work in club races including, but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my entry. I, for myself and anyone entitled to act on my behalf, waive and release the Great 5K Pumpkin Run, Open Arms Shelter, the city of Lonoke, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in the race, training program, and/or club activities even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. Signature: Date: Parent Signature if under 18 years: Date: \*For Office Use Only\*\* Course certification # AR11021DLP