

## **Registration Form**

| Last Name <sub>:</sub>  |  |  | First Name  |  |  |   |
|---|--|--|---|--|--|---|
| DOB:  |  |  | Age on Race Day:  |  | Sender: M  | F   |
| Address:  |  |  |   |  |  |   |
| City, State,  | ZIP:   |  |   |  |  |   |
| Phone:  |  | Email Address:   |   |  |  |   |
| Emergency   | Contac   | ct & Phone:  |   |  |  |   |
| Race Type:  | 5K Run   | 5K Wheelchair  | Family Fun Walk   |  |  |   |
| Team Name   | e:   |  |   |  |  |   |
| Shirt Size (Ro  | egister  | by August 1st to be  | e guaranteed a t-sh   | irt):  |  |   |
| Youth Small Youth Medi  |  | Youth Medium   | Youth Large   |  |  |   |
| Adult Small Adult 1   |  | Adult Medium   | Adult Large   | Adult XL   | Adult XX   | ïL  |
| the run. I assume<br>participants, the<br>risks being know<br>entry, I, for myse<br>from all claims on<br>negligence or c<br>motion pictures, | e all risks are effects or and appelf and any or liabilities carelessness, recording | associated with running of<br>the weather, including<br>preciated by me. Having<br>yone entitled to act on n<br>of any kind arising out o<br>ss on the part of the pers<br>gs, or any other record o | agree to abide by any dec<br>and volunteering to work in<br>high heat and/or humidity<br>gread this waiver and known<br>behalf, waive and releat<br>f my participation in the ra<br>ons named on this waiver.<br>If this event for any legitimo | club races including, , the conditions of the wing these facts, and i se Easterseals Arkanso ce and/or activities ex I grant permission to a te purpose. | out not limited to<br>road and traffic<br>n consideration<br>as, Arkansas Run<br>ven though liabi<br>Ill the foregoing | to falls, contact with common the course, all sure of your accepting maner LLC, and all sponsility may arise out of to use any photograph |
| _   |  |  | Date:   |  |  |   |
| Parent Sign   | ature if   | under 18 years old   | d:  |  |  |   |
| Enclosed:   | \$   | Please   | Please make checks payable to Easterseals Arkansas  |  |  |   |
|   | \$   | Please   | charge myVisa _   | _MasterCard  | AMEXDisc   | cover   |
| Name on Card  |  |  | Credit Card Number  |  |  |   |
| Exp. Date   |  |  | CVV#  | Siar   | <br>nature   |   |

Entry Fee: \$25 pre-registered
Children Ages 12 and Under: \$10 pre-registered
Day of Registration: \$30 adults, \$12 Children Ages 12 and under

Easterseals Arkansas 3920 Woodland Heights Rd. Little Rock, AR 72212

You may also register online at www.walkwithmear.com