MUSICFEST 5K/10K RUN & WALK

October 7 El Dorado, AR 7AM



Name	DOB
Mailing Address	City
StateZipPhone	<u></u>
Email Address	
Circle One: Male/Female 5K/10	K Run/Walk
Shirt Size: Small Med Large XL	XXL
REGISTRATION FEE \$25 Registration fee includes a t-shirt Categories: Overall Male and Female for 5K and 10K 1st, 2nd, and 3rd for (12&Under), (13-19), (20-29), (30-39), (40-49), (5 REGISTRATION DEADLINE SEPTEMBER 29 <sup>th</sup> You are not guaranteed a shirt registering after Sept 15 <sup>th</sup> Registration fee increases to \$35 Sept 29 <sup>th</sup> -Oct 6 <sup>th</sup> Day of Registration is \$40 CASH ONLY	0-59), (60+)
In consideration of you accepting this entry, I, the participant, intending to be legally bound injuries that I may have against the Event Director, RunSignUp.com, and all of their agents employees for any and all injuries to me or my personal property. This release includes all recognize, intend and understand that this release is binding on my heirs, executors, admit	a assisting with the event, sponsors and their representatives, volunteers and injuries and/or damages suffered by me before, during or after the event. I nistrators, or assignees.

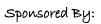
I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typical found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, video graphic or electronic recording of this event for legitimate purposes.

PLEASE SIGN, AGREEING TO THE ABOVE STATEMENTS





Return Form and fee to



101 W Maín, Suíte 410; 71730