

Mailing Address:

Cabot Bands
c/o Susan Ford
38 Panther Trail
Cabot, AR 72023
Phone: 870-540-7616

1st Annual

Arkansas 10 Mile

Classic

18th, 2015, Race starts at 5:00pm

**Race day registration will be from 3:30-4:30pm*

**Age group awards *Finisher's medal *Certified Course*

**Chip-timing and online registration provided by Mac's Race Timing Service*

Early Packet Pick-up will be at **Go! Running (1819 N. Grant St., Little Rock) on Friday, April 17th from 12:00-6:00pm*

**Packet pick-up on race day will be from 3:00-4:30 at Murray Park*

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Personal Information Please Print

First Name _____ Last Name _____ Initial _____

Date of Birth ____/____/____ Circle Gender: Male Female

Age on 4/18/2015 _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ - _____ Email _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone (____) _____ - _____ Cell Number (____) _____ - _____

Race Fees:

Circle your fee: Adults: \$25 Kids under 18: \$20 Virtual Runner: \$25

Circle T-Shirt Size: Small Medium Large X-Large 2X-Large

After March 27th, 2015, you are not guaranteed a shirt.

Waiver: In consideration of you accepting this entry, I, the participant, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against the Event Director, RunSignup.com, and all of their agents assisting with the event, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I also authorize the use of photographs or videos that include my image for promotional, informational, or other reasons deemed to be in the best interest of the event.

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 my physical condition has been verified by a licensed Medical Doctor. 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 waiver.

Signature: _____ Date: _____

Parent Consent Signature: _____ Date: _____

Please make checks payable to "Cabot Bands"

****All proceeds benefit the Cabot Bands!***

****Got questions? Email Susan Ford at susan.ford@cps.k12.ar.us***

****This event is directed by an RRCA Certified Race Director***

Race Address:

Murray Park
5900 Rebsamen Park Road
Little Rock, AR 72201

Online registration:

www.macsrts.com