

**RIVER CITY RUN/WALK 5K ENTRY FORM**

**RIVER CITY RUN/WALK 5K ENTRY FORM**

Name

Name

Email Address

Email Address

Address

Address

City, State ZIP

City, State ZIP

( )

( )

Primary Phone Number

Primary Phone Number

Home Congregation

Home Congregation

**Division**

**Division**

Female  Male Birth Date \_\_\_/\_\_\_/\_\_\_\_\_

Female  Male Birth Date \_\_\_/\_\_\_/\_\_\_\_\_

**\*Age on 7/21/2018: \_\_\_\_\_ REQUIRED\***

**\*Age on 7/21/2018: \_\_\_\_\_ REQUIRED\***

Adult Runner (18+).....\$25.00

Adult Runner (18+).....\$25.00

Minor (under 18).....\$12.50

Minor (under 18).....\$12.50

Walker (must NOT run or jog!).....\$25.00

Walker (must NOT run or jog!).....\$25.00

Wheelchair participant.....\$25.00

Wheelchair participant.....\$25.00

Spirit Runner (Will not participate).....\$20.00

Spirit Runner (Will not participate).....\$20.00

**Shirt Size:** (circle one)

**Shirt Size:** (circle one)

Youth: YS YM YL Adult: S M L XL 2XL

Youth: YS YM YL Adult: S M L XL 2XL

I choose not to receive a race t-shirt.

I choose not to receive a race t-shirt.

**\*Each person must complete an application.**

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**Waiver / Release**

**Waiver / Release**

I hereby certify the following: (1) I am physically fit and have received medical clearance to participate in the race. (2) In consideration for my application to participate in the race being accepted, I, on behalf of myself, my heirs and assigns, and my estate, hereby waive and forever discharge River City Ministry, the city of North Little Rock, the sponsors, organizers, affiliates, as well as their agents and employees from any and all claims that may accrue as result of my participation.

I hereby certify the following: (1) I am physically fit and have received medical clearance to participate in the race. (2) In consideration for my application to participate in the race being accepted, I, on behalf of myself, my heirs and assigns, and my estate, hereby waive and forever discharge River City Ministry, the city of North Little Rock, the sponsors, organizers, affiliates, as well as their agents and employees from any and all claims that may accrue as result of my participation.

I hereby authorize River City Ministry, its representatives and members the right to take photographs of myself or minor child represented by myself, and to publish these photographs to be used in any lawful purpose including, for example, such purposes as publicity, illustration, advertising, and Web content. I acknowledge that neither the child nor I will receive financial compensation or rights of ownership. I release River City Ministry, its representatives and members from liability for any claims by me or any third party in connection with my participation or participation of the minor child.

I hereby authorize River City Ministry, its representatives and members the right to take photographs of myself or minor child represented by myself, and to publish these photographs to be used in any lawful purpose including, for example, such purposes as publicity, illustration, advertising, and Web content. I acknowledge that neither the child nor I will receive financial compensation or rights of ownership. I release River City Ministry, its representatives and members from liability for any claims by me or any third party in connection with my participation or participation of the minor child.

Participant or Legal Guardian (under 18) Signature

Participant or Legal Guardian (under 18) Signature

Date

Date