



Packet pick-up will be held Thursday, April 20 | 3:30 - 6:00 pm
and Friday, April 21 | 10:00 am - 1:00 pm and 5:15 pm - event.



Location | Conway Regional Health & Fitness Center
700 Salem Road | Conway, AR

Parents Name: _____ Phone: _____
Address: _____ City: _____ Zip: _____
Email: _____ Alt Phone: _____
Emergency Contact: _____ Phone: _____

Participant Registration and T-Shirt Order

Event registration is only **\$12** (non-refundable) and this includes an official Kids Run Arkansas® shirt, goody bag & finishers medal!
Discount for Family of 4 - only **\$43!**

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

Assumption of Risk and Release

In agreeing to participate in Kids Run Arkansas®, presented by Conway Regional Health and Fitness Center (Center), I affirm that the registrants on this form are my spouse and/or dependents for whom I am legally responsible (Family). I am aware of the possibility of accident or other physical injury during physical activity, but I affirm that my Family's general health is good and that we are not adversely affected by physical activity.

In consideration of participating in Kids Run Arkansas, I do hereby agree to assume all risks of such injury and voluntarily absolve and hold harmless Center, Conway Regional Health System, its officers, directors, employees, agents, representatives, contractors, successors, and assigns with the respect to any claims, losses, demands, actions, injuries, or damages whatsoever and however arising by virtue of my Family's participation in activities arranged by Conway Regional Health and Fitness Center, its employees, staff and volunteers. The terms herein shall serve as a release and assumption of risk for my heirs, executors, and administrators for all members of my Family, including any minors.

I understand that while participating in this activity, my family may be photographed. I agree to allow their photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

I have read, fully understand, and agree to the conditions stated above.

Signature: _____ Date: ____/____/____
(Signature of Parent or Guardian)

Name	School Name	Age	Size	Fee

Family of 4 discount applied? Yes No **Total: \$_____**

Payment (circle one): cash check

*Please make checks payable to Conway Regional Health & Fitness Center

**Mail or drop off completed form and payment to:
Conway Regional Health & Fitness Center
700 Salem Road | Conway, AR**

Mallory Lefler, Race Director | 501-450-9292, ext. 309
mlefler@conwayregional.org