



Entry Form
June 1, 2013
Lee Creek Park—8:00 am
Check In—7:00 am

One person per form and
print legibly:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Emergency Contact Name: _____ Emergency Phone: _____

Circle Tshirt Size: S M L XL XXL or Youth: S M L (Tshirts only to runners pre-registered by May 10th)

Birthdate: _____ Age day of the race: _____ 5K: _____ 1Mile Walk: _____

Entry Fee:

Adults—\$25

Children 11 and under—\$10

(make checks payable to: Morgan Nick Foundation) Mail completed form and payment to: P.O. Box 1033, Alma, AR 72921
All registrations must be received by May 10th, 2013 to be guaranteed a tshirt.

Waiver and Release (Participant must agree in order to be eligible to participate in the event.)

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event, and represent and warrant that I am in good physical condition and that I have sufficient skill and experience to safely participate in this event. I KNOW THAT THIS EVENT IS A POTENTIALLY HAZARDOUS ACTIVITY AND I HEREBY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY RISKS OF LOSS, DAMAGE, OR INJURY WHICH MAY OCCUR DURING MY PARTICIPATION IN THIS EVENT OR WHILE ON THE PREMISES OF THIS EVENT. I HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST THE MORGAN NICK FOUNDATION, INC., CASA Crawford County, ANY SPONSORS AND THEIR AGENTS AND EMPLOYEES, ANY INDIVIDUALS AFFILIATED WITH THE FOREGOING, AND ALL OTHER PERSONS OR ENTITES ASSOCIATED WITH THIS EVENT (TOGETHER, THE "RELEASEES") FROM ALL LIABILITY OF ANY KIND AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES, ON THE ACCOUNT OF INJURY OR DEATH TO ME OR MY PROPERTY, WHETHER CAUSED BY THE ACTIVE OR PASSIVE NEGLIGENCE OF ANY OR ALL THE RELEASEES OR CONNECTION WITH MY PARTICIPATION IN THIS EVENT. If I do not follow all the rules of this event, I understand that I may be removed from participation. I give my full permission to the Morgan Nick Foundation, CASA Crawford County and the sponsors to use any photographs, videotapes, audiotapes or other recordings of me that are made during my participation in this event. I understand that the Waiver and Release may be stored electronically and agree that a copy is authentic and admissible as evidence in any future dispute or proceeding. I hereby grant to the Releasees and their agents, affiliates and designees access to all medical records (and physicians) as needed and authorize medical treatment as needed. By signing below, the undersigned represents and warrants to Releasees that he or she has read the entire statement and understands the content thereof.

Signature: _____

Date: _____

