

# Matt Anderson Memorial 5K

## Saturday, October 8, 2016 – 7:00 AM

### Cushman School, 45 Park Street

Please mail this registration form and payment to:

Matt Anderson Memorial 5K c/o Celena Anderson  
50 Lunenburg Road, Batesville, AR 72501

For questions, email: [anderson\\_celena@yahoo.com](mailto:anderson_celena@yahoo.com)

Registration Fee: \$20 per person until Sep. 24; \$25 per person for late/same day entry  
Awards: Top 3 Male Runners, Top 3 Female Runners, Top 3 Walkers

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Age (on October 8): \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Runner: \_\_\_\_\_ Walker: \_\_\_\_\_

T-shirt Size\*: Adult: S M L XL Youth: S M L XL

\*Register before September 24 to guarantee shirt. Limited shirts will be available for race day registrations.

**Waiver:** This is a road race. There is no such thing as a "safe" course. While the sponsors, race directors/coordinators, assistants, and volunteers do everything they can to ensure a safe course, it is not possible to guard against all risks. Therefore, you must be responsible for your own safety and well-being by taking adequate precautions both before and during the race to guard against road hazards. Therefore, we ask that you read and sign the waiver below as a condition of entering this race. Waiver of Liability-Assumption of Risk: I do hereby release and discharge the sponsors, Arkansasrunner.com, directors, coordinators, assistants, and volunteers of the Matt Anderson Memorial 5K; whether compensated or uncompensated, of any and all liability arising from illness, injuries, and damages I may suffer as a result of my participation in this event. This waiver of liability and assumption of risk specifically includes any liability resulting from: 1) Availability or inadequacy of aid stations; 2) Availability or inadequacy of traffic controls; 3) Failure to warn of hazards on the course; 4) Failure to provide or inadequacy of medical support facilities; 5) Failure to provide adequate pickup crews who assist runners who are lost or develop difficulties. I further state that I am in proper physical condition to participate in this event and suffer from no medical conditions which would put me at risk of injury or death that may occur as a result of any condition of my participation in this event. I am participating in this event as a recreational event, in which I will maintain a safe outlook at all times and assume the risk for any traffic or hazards during the race. I also give permission for the free use of my name and picture in any broadcast, telecast, or written account of this event.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*If participant is under the age of 18 a parent or legal guardian must sign below.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_