



KIDS RUN ARKANSAS® | FRIDAY, APRIL 12 @ 6 P.M.

Conway Regional Health & Fitness Center
700 Salem Road | Conway, AR
The event will begin in the south parking lot,
leading to the Tucker Creek Trail.

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

Participant Registration & T-Shirt Order

Event registration is only **\$10** & this includes official Kids Run Arkansas® shirt, goody bag & finishers medal! **Discount for Family of 4 - only \$35!**

*Discount can be all children or parents & children

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

| 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

Questions?

Mallory Lefler, Race Director | 450.9292 ext. 309

mlefler@conwayregional.org

Amanda Castillo, Marketing Coordinator | 450.9292 ext. 305

acastillo@conwayregional.org



Keep up with all
KIDS RUN ARKANSAS®
event details with Facebook!



T-shirt pick-up will be held
Thursday, April 11 | 10 a.m. - 1 p.m. & 3:30 - 6 p.m.
Friday, April 12 | 8 a.m. - 3 p.m.

CONWAY REGIONAL HEALTH & FITNESS CENTER

Assumption of Risk and Release

In agreeing to participate in Kids Run Arkansas, presented by Conway Regional Health and Fitness Center, I affirm that my child's general health is good and that he/she is not adversely affected by physical activities. I am aware of the possibility of accidental or other physical injury during this activity. In consideration of participating in Kids Run Arkansas, I do hereby agree to assume all risks of such injury and will hold harmless from any liability, actions, causes of action, claims and demands of every kind of nature whatsoever which I now have or which may arise of or in connection with any 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, minors. I have agreed to the conditions stated above.

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

Photo Consent

I, _____, fully understand that my minor child _____ may be photographed or interviewed as part of general news media coverage of this Conway Regional Health and Fitness Center event. It is with my full consent and understanding that I allow the release of information about or photography of myself and/or my minor son or daughter to be used in promotional materials and news releases for Conway Regional Health System.

___ I give my consent

___ I do **not** give my consent

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



CONWAY REGIONAL
Health & Fitness
CENTER