



TWIN LAKES CIVITAN CLUB

P.O. Box 1613
Mtn. Home, AR 72654
870-656-9973

RUNNING FOR A REASON

Pioneer Days 5K Run/Walk

Registration Form

(one per entry please)

Race begins @ 7:30 a.m.—Saturday, May 20, 2017

Location: Norfolk High School—Norfolk Arkansas

~ PROCEEDS WILL SUPPORT SPECIAL NEEDS FAMILIES IN THE TWIN LAKES AREA ~

You may pick up registration forms at Mountain Home Chamber of Commerce or online at www.twinlakescivitan.weebly.com



Mail completed forms to:
Twin Lakes Civitan Club
P.O. Box 1613
Mountain Home, AR 72654

Race fees:

\$25 Pre-Register ~ **\$35** Day of Race Registration ~ **\$10** Special Olympic Trainees
\$20 Spirit Runner (Spirit Runners will receive a t-shirt)

Registrations must be returned by May 1, 2017 in order to receive your shirt on race day

Name: _____ Gender: Male__ Female__
Address: _____ City: _____ St: _____ Zip: _____
Age on race day (5/21/17): _____ Phone: _____ E-mail: _____

Shirt Size (Circle One): **Youth** S M L XL **Adult** S M L XL XXL XXXL

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Required: I know that running and volunteering to work in races are potentially hazardous activities: I should not enter and run in this race unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running and volunteering to work in races including, but not limited to: falls, contact with other participants; the effects of the weather, including extreme temperature and / or humidity; the conditions of the road and traffic on the course; all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my entry: I, for myself and anyone entitled to act on my behalf, waive and release Twin Lakes Civitan Club; the City of Norfolk, AR; Norfolk Public School District; all sponsors, their representatives and successors; from all claims or liabilities of any kind arising out of my participation in the race even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all the forgoing to use any photographs, motion pictures, recordings, or any other record of this event for all legitimate purpose.

Participants Signature: _____ Date: _____
Guardian Signature (if under age of 18): _____ Date: _____