

The Great 5K Pumpkin Run

Supporting the Open Arms Shelter
Saturday, October 1, 2011
At the Lonoke Depot, 102 W. Front St., Lonoke, AR
The Great Pumpkin Patch from 8:00am to 5:00pm
5K Pumpkin Run at 8:00am, Registration begins at 7:00am

PLEASE PRINT LEGIBLY

Last Name:

First Name:

Date of Birth:

Sex: M F

Age on 10/1/2011

Address:

Email:

City:

State:

Zip:

Please Circle One- Adult Shirt Size: S M L XL XXL

Child Shirt Size: M L

Give more to the Charities – Keep my t-shirt _____

**If you choose this option, your entire entry fee is tax deductible A copy of the entry form will serve as your receipt

Fees:

5K Run–

Pre-registration \$20

Race Day Registration: \$25

Make checks payable to **Open Arms Shelter**, write “**Pumpkin Run**” in the check memo line and send to:

The Great Pumpkin Run
Open Arms Shelter
1500 Navajo Trail
Lonoke, Arkansas 72086
For more information, call 501-454-0667

Release:

I know that running and volunteering to work in club races or training programs are potentially hazardous activities. I should not enter and run in this race or training program 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 or training program. I assume all risks associated with running, participating in the training program, and volunteering to work in club races including, but not limited to falls, contact with other participants, the effects of the weather, including high heat 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 the Great Pumpkin Run, Open Arms Shelter, the city of Lonoke, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in the race, training program, and/or club activities 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 foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

Signature: _____ Date: _____

Parents Signature required if under 18

****For Office Use Only****

Date Form Received:

Total Amount Received: