

Mailing Address:
Cammack Village City Hall
2710 N. McKinley Street
Cammack Village, AR 72207
Phone: 501-663-4593

1st Annual Cammack Village 5k and Family and Pup Fun Run

Race Location:
Cammack Village City Hall/Pool

Online registration:
www.runsignup.com
www.cammackvillage.org

September 5, 2016

5k starts at 8 a.m., Family & Pup 1 Mile Fun Run start at 9 a.m.

**Race day registration will be from 6:30 a.m.-7:30 a.m. at City Hall*

**Age group awards *Prize Money *Certified Course*

**Chip-timing and online registration provided by Mac's Race Timing Service*

Early Packet Pick-up will be at **Go! Running (1819 N. Grant St., Little Rock) on
Friday, September 2nd from 2:00-6:00 p.m.*

+++++
Personal Information Please Print* **For the Family/Pup Run, only list one adult family member
(one shirt per family, extra shirts for \$10)*

First Name _____ Last Name _____ Middle Initial _____

Date of Birth ____/____/____ Circle Gender: Male Female Age on 9/5/2016 _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ - _____ Email _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone (____) _____ - _____ Cell Number (____) _____ - _____

Race Fees:

Circle your fee: 5K Runner/Walker: \$25 Family/Pup Fun Run: \$35 (includes entire family, but only 1 shirt provided)

Circle T-Shirt Size: Small Medium Large X-Large 2X-Large

After August 27, 2016, you are not guaranteed a shirt.

Only (1) shirt provided for the Family/Pup Run

Want an extra shirt? \$10 each, list size and how many: _____

Waiver: In consideration of you accepting this entry, I, the participant, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against the Event Director, RunSignup.com, and all of their agents assisting with the event, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I also authorize the use of photographs or videos that include my image for promotional, informational, or other reasons deemed to be in the best interest of the event.

I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver.

Signature: _____ Date: _____

Parent Consent Signature: _____ Date: _____

Please make checks payable to "City of Cammack Village"

**Got questions? Email Cody Kees at cody.kees@mrmlaw.com and Bob McCullar at bob.mccullar@iberiabankmortgage.com*