

**Mailing Address:**  
Cabot Bands  
c/o Susan Ford  
38 Panther Trail  
Cabot, AR 72023  
**Phone:** 870-540-7616

2<sup>nd</sup> Annual  
**Arkansas 10 Mile Classic**  
State Championship 10 Mile Race

**Race Address:**  
Murray Park  
5900 Rebsamen Park Road  
Little Rock, AR 72201  
  
**Online registration:**  
www.runsignup.com

**April 16<sup>th</sup>, 2016, Race starts at 5:00pm**

*\*Race day registration will be from 3:30-4:30pm*

*\*Age group awards \*Finisher's medal \*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,  
April 15<sup>th</sup> from 12:00-6:00pm*

*\*Packet pick-up on race day will be from 3:00-4:30 at Murray Park*

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**Personal Information Please Print**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Circle Gender: Male Female Age on 4/16/2016 \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

***Race Fees:***

***Circle your fee: Adults: \$25 Kids under 18: \$20 Virtual Runner: \$25***

*After March 20<sup>th</sup>, 2016, fees will increase to \$28 (Adults) and \$23 (Kids)*

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

*After April 4<sup>th</sup>, 2016, you are not guaranteed a shirt.*

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 "Cabot Bands"***

*\*All proceeds benefit the Cabot Bands \*Got questions? Email Susan Ford at [susan.ford@cps.k12.ar.us](mailto:susan.ford@cps.k12.ar.us)*

*\*This event is directed by an RRCA Certified Race Director*

