



Cabot Lions Club in partnership with Cabot School District Health Fair Present:

## **CABOT LIONS CLUB HEROES FOR HEALTH 1K Run/Walk**

Friday April 27, 2012 Cabot High School Track 401 N. Lincoln Cabot, AR 72023

## For Ages 4-12

6:00 p.m. – 6:30 p.m. – Late registration

7:00 p.m. – Race

7:15 p.m. – 8:00 p.m. – t-shirt & medal pick-up

Cost: \$10 per child (guaranteed t-shirt & medal if pre-registered by April 16<sup>th</sup>)

## Please bring the racers dressed in their favorite super hero costume to support Heroes for Health.

This will be a fun way to give back to the school district and promote healthy lifestyles for parents and students alike.

All proceeds will go back to Cabot School District.

Registration booth and t-shirt/medal pick-up will be at the Lions Club Booth inside the Field House. Health Fair will be from 6:00 p.m. – 8: p.m.

Please mail checks, registration forms, & parental release and indemnification forms to:

Cabot Lions Club
Attn: Shelia De Armond
PO Box 183
Cabot, AR 72023

Make checks payable to: Cabot Lions Club

Please send registration form & parental release and indemnification form for **EACH** child. May include forms in same envelope with one check.

Please contact Shelia De Armond at 501-985-4039 or <a href="mailto:sdearmond@fabandt.com">sdearmond@fabandt.com</a> with any questions.





CABOT L		OR HEALTH 1K Run/Wal	lk
Please	REGISTRATIOI e submit a form for EA	CH child participating	
T-Shirt Size: _	S M L	XLXXL adu _ L youth sizes	It sizes
Pre-registe	er by April 16, 2012 to e	nsure availability of T-Sh	nirt:
Participant			
Participant(Please Print) First	Middle	Last	
	Date of Birth	Age	
Parent(s)(Please Print) First	Middle		
(Please Plint) First	Middle	Last	
AddressStreet	City	State	Zip
Email Address		Phone #	
The Lions Club 1K Run/Walk involve with other participants, and effects of weather. In cons	ideration of being allowed to pa	panied by an Adult ay include risks such as, but not	expressly assume all risks including personal
It is my responsibility to dress my child appropria responsible for my own child's health and safety. I rep request assistance if they experience any symptom	resent and warrant that my chi	ld is physically fit and able to par zziness, excessive fatigue, short	ticipate in this event and I agree to stop and
I agree for myself, my heirs, executors and administ ArkansasRunner.com, and their affiliates, officers, dir employees from any and all liability, claims, demands whether it res	rations, to not sue and release, ectors, volunteers and employe s, and causes of action whatso	indemnify and hold harmless thees, and any sponsoring busines	ses and organizations and their agents and ticipation in this event and related activities
This release and indemnification agreement shall be a of it is h	s broad and inclusive as is per neld invalid, the balance shall c		n which the event is conducted. If any portion
	,	the terms of this Agreement.	
Parent's Signature			Date

Print name of Parent/Guardian

I am the legal guardian of the participant, and I hereby consent to his/her participation. I have read the foregoing release and indemnification agreement, and I hereby agree on behalf of myself and the participant to its terms.