



[www.salinecountystriders.com](http://www.salinecountystriders.com)

**Registration Form                      Arkansas 20K**  
**September 17, 2016      7:00am**

**Entry Fee**

\$25 pre-registered (Postmarked by) by 6/30/16

\$35 postmarked by 9/15/16

\$40 race day

No shirt -\$5

*Members of the Saline County Striders receive a \$5 discount*

**All pre-registrations must be postmarked by September 12**

**No refunds after September 12**

*Shirts guaranteed to all runners pre-registered by September 1.*

Make checks payable to and mail to:

Saline County Striders

P. O. Box 866

Benton, Arkansas 72018

Name: Last, First, MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age on 9/17/16: \_\_\_\_\_ Sex: M      F

Shirt Size:    S      M      L      XL      None

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

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

E-Mail Address: \_\_\_\_\_ (please print clearly)  
*Entry will be confirmed by e-mail about 2 weeks prior to the race, or shortly after receipt whichever is later.*

**Waiver**

I know that running a road race is a potentially hazardous activity. I know 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 this race 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 Saline County Striders Road Runners Club, race officials and volunteers, the City of Benton, the County of Saline, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in the race.

I grant permission to use any photographs or any other record of this event for any legitimate purpose.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature if under 18 years \_\_\_\_\_ Date: \_\_\_\_\_