



Packet pick-up will be held Thursday, April 18 | 3:30 - 6:00 pm  
and Friday, April 19 | 10:00 am - 1:00 pm and 5:15 pm - event.



Location | Conway Regional Health & Fitness Center  
700 Salem Road | Conway, AR

Parents Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Alt Phone: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Participant Registration and T-Shirt Order**

Event registration is only **\$12** (non-refundable) and this includes  
an official Kids Run Arkansas® shirt & finishers medal!

**Discount for Family of 4 - only \$43!**

**Toddler:** 2T 3T 4T 5/6 7 | **Youth:** YS YM YL YXL | **Adult:** S M L XL 2XL

Name	School Name	Age	Size	Fee

**Payment (circle one):**    **cash**   **check**    **Total:**    \$\_\_\_\_\_

\*Please make checks payable to Conway Regional Health & Fitness Center

Mail or drop off completed form and payment to:  
Conway Regional Health & Fitness Center  
700 Salem Road | Conway, AR

Mallory Lefler, Race Director | 501-450-9292, ext. 309  
[mlefler@conwayregional.org](mailto:mlefler@conwayregional.org)

**Assumption of Risk and Release**

In agreeing to participate in Kids Run Arkansas®, presented by Conway Regional Health and Fitness Center (Center), I affirm that the registrants on this form are my spouse and/or dependents for whom I am legally responsible (Family). I am aware of the possibility of accident or other physical injury during physical activity, but I affirm that my Family's general health is good and that we are not adversely affected by physical activity.

In consideration of participating in Kids Run Arkansas, I do hereby agree to assume all risks of such activity and voluntarily absolve and hold harmless Center, Conway Regional Health System, its officers, directors, employees, agents, representatives, contractors, successors, and assigns with the respect to any claims, losses, demands, actions, injuries, or damages whatsoever and however arising by virtue of my Family's participation in activities arranged by Conway Regional Health and Fitness Center, its employees, staff and volunteers. The terms herein shall serve as a release and assumption of risk for my heirs, executors, and administrators for all members of my Family, including any minors.

I understand that while participating in this activity, my family may be photographed. I agree to allow their photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

I have read, fully understand, and agree to the conditions stated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Signature of Parent or Guardian)