

Soaring Wings Kids Run For Kids 2017 Registration Form



Child's Name: _____

Parent/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ DOB: _____

Age: _____ Phone: _____ Email: _____

Gender: M F School: _____

Emergency Contact Name: _____ Emergency Number: _____

Shirt Size: **Youth Sizes:** S M L XL **Adult Sizes:** S M L XL XXL

Registration: \$10

Please enclose check for the appropriate amount, payable to Soaring Wings Half Marathon.

Liability Waiver and Refund Policy

Please read the release of liability waiver below carefully.

I know that running in a race is a potentially hazardous activity. 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 fully understand that the race route will be conducted on roadways with active traffic. I assume all risks associated with running in the 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. I also understand that there will be no refund should the race be cancelled due to unforeseen circumstances which would have life and/or health threatening effects on participants and volunteers. 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 race committee, supporting organizations, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in the race and/or race activities even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.
EVENT REGISTRATION IS NON-REFUNDABLE.

Sign to acknowledge that you have read, understand and agree to the above waivers and policies.

Signature: _____ Date: _____

Parent/guardian signature if under 18: _____ Date: _____

Make checks payable to: Soaring Wings Half Marathon
Mail Registration to: Soaring Wings Half Marathon
PO Box 1670 * Conway, AR 72033
www.swhalf.com