



Major Ronald Wayne Culver

Hero 5k Walk/Run

Saturday, September 12, 2020
El Dorado Conference Center
300 South West Avenue
El Dorado, AR 71730

REGISTRATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Gender: _____ T-Shirt Size: _____

circle:

Runner Divisions: 70+, 60-69, 55-59, 50-54, 45-49, 40-44, 35-39, 30-34, 25-29, 20-24, 15-19, 10-14, 0-9

Walker Division: _____

Pre-registration: \$25
(Postmarked by 9/02/20)

Late/Race Day: \$30
(After 9/02/20)

Goody bag for all. **Must register by Friday, September 4th to guarantee t-shirt.**

Start Time/Location: 7:30 a.m., Corner of E. Cedar St. and S. Jefferson Ave.
(107 East Cedar St., El Dorado, Arkansas)

Race day registration and packet will be available 6:15 a.m.-7:15 a.m. @ start location.

Award Ceremony: 8:30 a.m. @ the Main Stage

RULES ARE POSTED ONLINE

ONLINE Registration: www.southarkexpo.com

Registration: Administration Building - park in Heritage Plaza
(SouthArk Foundation Offices are located on the 2nd floor, Suite 209, 870-864-7130)

Please make check payable to: SouthArk Foundation

In consideration of your accepting this entry, I release, for myself, for my heirs, executors, and administrators, all parties involved in the planning or staging of this Hero 5K Run/Walk (including their representatives, officials, and sponsors) from, and hereby waive, any and all claims, demands, liabilities, damages, or causes of action of any nature whatsoever, including claims for death, injury or illness arising out of my participation in the Hero 5K Run/Walk, I attest and verify that I am physically fit and have sufficiently trained for this event. Further, I hereby grant full permission to any and all of the foregoing to use my photograph or any other record of the event for any legitimate purpose. This entry is invalid unless signed by entrant. If entrant is under 18 years of age, parent or guardian must sign. The official race director reserves the right to reject any entry.

Signature: _____ Date: _____

Guardian Signature if under 18 years of age: _____ Date: _____