

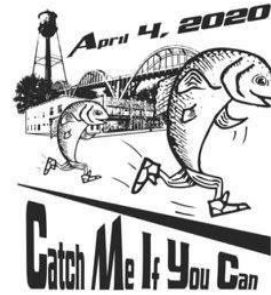
Official Use Only: Runner # _____ Shirt: Y N

Date received: _____

Paid: _____

COTTER WARRIOR FOUNDATION 5K/10K

Saturday, April 4, 2020 • Cotter Springs, AR
Race Start: 8:00 am, RAIN OR SHINE
On-Site Registration 7:30-7:50 am



5K Walk or run under Old Cotter Bridge
along White River and end back at
Cotter Springs Park.

10K Run through downtown Cotter, across
Old Cotter Bridge, back into park &
along White River, end back at Cotter
Springs Park.

Name _____ Age on 4/4/20 _____ Male Female

Street Address _____ City/State/Zip _____

Email _____ Emergency Contact/Phone _____

Race I am participating in: 18 & Under 5K (\$15) Adult 5K (\$20)
 18 & Under 10K (\$20) Adult 10K (\$25)

Entries received by March 15 will have t-shirts available for pick up on race day.

If registering day of race, \$5.00 will be added to registration fee • Fees nonrefundable

Water station along route • Awards for overall Male/Female and 1st in each M/F age division

Shirt Size SM MED LG XL XXL YS YM YL

For more information call: (870) 435-6363 or email: swilhite@cotterschools.net

RELEASE: I know that running and volunteering to work in club races are potentially hazardous activities. 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 and volunteering to work in club races 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, or myself and anyone entitled to act on my behalf, waive and release the Cotter Warrior Foundation 5K/10K 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 club 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. I understand that my entry fee is non-refundable.

Signature _____ Date _____

Parent Signature (if under 18 yrs) _____ Date _____

Please mail entry and make checks payable to: Cotter Warrior Foundation, PO Box 362, Gassville, AR 72635