



Sparks
 Health System
 Fort Smith • Van Buren



TEAM IN TRAINING



2017 Sparks Stampede
Certified 5K/10K Race and Fun Walk, Saturday, October 7
 7 a.m. Registration, 8 a.m. Race
 Participant Packet Pick-Up & Supper, Friday, Oct. 6, 5-7 p.m.
 Sparks Medical Center - Van Buren

Name _____

Address _____ City _____ State _____ Zip _____

Age on Race Date _____ Date of Birth _____ Gender (circle one) M F

Phone Number _____ Email _____

Shirt Size (circle one) S M L XL 2XL 3XL (ADD \$2 FOR 2XL OR 3XL)

Race (circle one) 5K Timed 10K Timed Fun Walk Timed

Entry Fee: \$20 before Sept. 5th or \$25 after Sept. 5th through day of race.
Start and Finish at Sparks Medical Center - Van Buren, East Main & South 20th.
Contact Mary Jo Brinkman at (479) 650-0509 for more information.

Mail registration form and payment to:
(Make checks payable to Sparks Medical Center—Van Buren Auxiliary)
 Mary Jo Brinkman
 E. Main & S. 20th Streets
 Van Buren, AR 72956

Overall Awards for Top Male & Top Female Finishers.
Age Division Awards (3 deep) in 5 year age groups for
10 - 80 & 9 and under.
\$50 Cash Prize:
Top Male and Female Runners in 5K and 10K

Waiver and 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, for myself and anyone entitled to act of my behalf, waive and release the Sparks Medical Center—Van Buren, the City of Van Buren, ArkansasRunner.com and all sponsors, their representation and successors from all claims of 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.

Signature _____

Date _____

Parent Signature _____

Date _____

(if under 18 years of age)