



**NORTH ARKANSAS  
REGIONAL**  
MEDICAL CENTER

For all the details of the 2017  
Crawdad Days 5K Run/Walk, please  
log on to [www.narmc.com](http://www.narmc.com) and click  
NARMC Crawdad Days 5K  
Information.

**PRE-REGISTER ONLINE AT [WWW.NARMC.COM](http://WWW.NARMC.COM)**

For more information, call 870-414-4446, 8:00 AM to 5:00 PM – Monday to Friday

**SATURDAY, MAY 20<sup>th</sup> 2017**

**CRAWDAD DAYS 5K RUN/WALK – ENTRY FORM**

Pre-Registration Prices Thru April 21<sup>st</sup>: 5K All Ages: \$20 - Corporate Team Members: \$15 – Crawdad Crawl: FREE  
Prices after April 21<sup>st</sup>: 5K All Ages: \$25 - Corporate Team Entry Deadline is April 21, 2017 – Crawdad Crawl - \$3  
Additional t-shirts may be purchased for \$12, Youth Sizes are \$10

Name \_\_\_\_\_ Birth date \_\_\_\_\_

5K Run (Check one division)  5K Walk  Crawdad Crawl (free shirt not included w/ crawl)

Gender: M or F Age \_\_\_\_\_ (Age on May 18, 2017)

Individual or  Corporate Team \_\_\_\_\_  
(NAME OF TEAM)

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Email address: \_\_\_\_\_@\_\_\_\_\_

(Circle one) Shirt Size – YS YM YL S M L XL XXL

**THIS YEAR'S RACE IS A TIMED EVENT.**

**RACE RELEASE** (must be signed and submitted on or before registration).

I understand that my name and address will be released to [www.hudsonracetiming.com](http://www.hudsonracetiming.com). I know that participation in races are potentially hazardous activities. I should not enter and participate 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 race. I assume all risks associated with participation including but not limited to falls, contact with other participants, the effects of weather, including high water, 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 on my behalf, wave and release the Crawdad Days 5K Run/Walk, the City of Harrison, [www.hudsonracetiming.com](http://www.hudsonracetiming.com) 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 person 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.

Participant Signature \_\_\_\_\_

Guardian Signature (if under 18) \_\_\_\_\_

Participant's Email Address \_\_\_\_\_

**Register online at [www.narmc.com](http://www.narmc.com) or**

Mail this Entry Form and entry fee to:  
North Arkansas Regional Medical Center  
Attention: Tasha Joseph  
620 N Main, Harrison, AR 72601  
For further information call 870-414-4446