



# Registration Form

**Program Name**

**Participant Name** (one entry form per child please)

Little Rocker's First Name  Middle Initial  Little Rocker's Last Name

Address (please include apartment number or suite)

City  State  Zip Code

Sex: M/F  Age-Race Day  Date of birth: MM/DD/YY  Parent/Guardian Email Address

Emergency Contact Name  Emergency Contact Phone on race day

Is there a medical conditions or allergy race staff/volunteers may need to be aware of on race day? If yes, please describe below:

**Shirt Size** (check one please):

**AFTER FEB 1ST - SIZES ARE NOT GUARANTEED**

- Youth Small  Adult Small  Adult X-Large
- Youth Medium  Adult Medium
- Youth Large  Adult Large

**Fees** (sorry - no refunds):

Entry Fee \$10 \$ \_\_\_\_\_  
 MY KID ROCKS! Proud Parent Shirt \$20 \$ \_\_\_\_\_  
**Amount Enclosed** \$ \_\_\_\_\_

Show your child you are proud of them with the 2015 Proud Parent Shirt. 100% pre shrunk cotton. Shipping included. Please allow 3 weeks for delivery.

Select Size (adult unisex sizing):

- Small  X-Large
- Medium  XXLarge
- Large

**QUESTIONS? Please contact:**

Alanna Wilson - CTRS  
 Phone: (501) 570-1131  
 Email: awilson@littlerock.org



**Waiver/Release:**

**ENTRY FORM MUST BE SIGNED BELOW**

ALL PARTICIPANTS IN THE LITTLE ROCKERS KIDS MARATHON AND RELATED EVENTS ARE REQUIRED TO ASSUME ALL RISK OF PARTICIPATION IN THE LITTLE ROCKERS KIDS MARATHON BY SIGNING THIS GENERAL RELEASE AGREEMENT.

- I, the undersigned parent/guardian on behalf of my child, myself, and our personal representatives, assigns, heirs, and executors, hereby fully and forever release, waiver, discharge and covenant not to litigate the City of Little Rock, Little Rock Marathon/Kids Marathon, and all municipal agencies whose property and/or personnel are used and all other sponsoring or co-sponsoring or individuals related to the Kids Marathon, their officers, directors, employees, volunteers and agents (collectively "Releasees") from all liability to me, my child and our personal representatives, assigns, heirs and executors, for loss(es) or damage(s) and any and all claims or demands therefore, on account of injury to my child including that which may result in the death of my child, whether caused by the active or passive negligence of all or any of the Releasees or otherwise, in connection with my child's participation in the Kids Marathon.
- I represent and warrant that my child is in good physical condition and is able to safely participate in the Kids Marathon and training program.
- I am fully aware of the risks and hazards inherent in participating in the Kids Marathon and in spite of these risks voluntarily grant permission for my child to participate in it. I, on behalf of my child, assume all risks of loss(es), damage(s), or injury(ies) that may be sustained by him/her while participating in the Kids Marathon.
- I consent to the use of my child's name and photograph in broadcasts, newspapers, brochures and other media without compensation.
- I acknowledge that the entry fee is non-refundable and non-transferable.
- I grant to the medical director of the Little Rock Marathon and his agents, affiliates and designees access to all medical records (and physicians) as needed and authorize medical treatment as needed.
- I warrant that all statements made herein are true and correct and understand that Releasees have relied on them in allowing my child to participate in the Kids Marathon.

I HAVE READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT.

Print Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

STAFF USE ONLY

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