



Therapeutic Recreation Registration Form

FINAL MILE - FEBRUARY 22, 2012

is proudly presented by



Program Name

PLEASE PRINT CLEARLY (one entry form per child please)

Little Rocker's First Name										Little Rocker's Last Name									
Address																			
Address																			
City															State		Zip Code		
Sex: M/F		Age-Race Day		Date of birth: MM/DD/YY				Parent/Guardian Email Address											
Parent/Guardian Name																			
Parent/Guardian Daytime Phone																			

Shirt Size (check one please):

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Youth Small | <input type="checkbox"/> Adult Small |
| <input type="checkbox"/> Youth Medium | <input type="checkbox"/> Adult Medium |
| <input type="checkbox"/> Youth Large | <input type="checkbox"/> Adult Large |
| | <input type="checkbox"/> Adult X-Large |

Fees (sorry - no refunds):

\$10 Entry Fee (November 18, 2011)	\$ _____
\$15 Entry Fee (November 19 - January 1, 2012)	\$ _____
\$20 Late Fee (January 2 - February 14, 2012)	\$ _____
Amount Enclosed	\$ _____

QUESTIONS? Please contact:

Amy Frank, Therapeutic Rec
Little Rock Parks & Recreation
500 W Markham, Room 108
Little Rock, AR 72201
918-5359
afrank@littlerock.org

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 _____



DEADLINE: NOVEMBER 18, 2011
RETURN THIS FORM & PAYMENT TO THERAPEUTIC REC

STAFF USE ONLY		
REC'D	CK#	AMT