





Parent signature if under 18 years:				Date:	
Signature:				Date:	
other record	of the event for an	y legitimate purpose.			
named in this waiver. I grant permission to all the forgoing to use any photographs, motion pictures, recordings, or any					
participation in the event even though liability may arise out of negligence or carelessness on the part of the persons					
McGehee, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my					
myself and anyone entitled to act on my behalf, waive and release UAM, UAM College of Technology McGehee, the city of					
known by me. Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I, for					
official relative to my ability to safely compete in the event. I assume all risks associated with this event. All such risk being					
and participate in this race unless I am medically able and properly trained. I agree to abide by any decision of a race					
Release:   know that running/walking/volunteering to work in races are potentially hazardous activities.   should not enter					
Circle One:	SK Runner	SK Walker	Tee Shirt S	Size	
Email Addre	ss:				
Phone Num	ber:				
City, State, Z					
Address:					
Date of Birth	า:	Age on D	ay ofRace:	Sex: M	F
Last Name:			First Name:		

**Pre-Registration Deadline: October 2nd**, **2019**!tee shirtsguaranteedtothosewhopreregisterJ

\$15.00 Entry Fee {Make checks payable to UAM-CTM 5K)

You may register the day of the race from 6:45 a.m. -7:15 a.m.

Racebegins at 7:30amon October 12th, 2019

**Mail Entries to:** 

**UAM College of Technology-McGehee** 

**Attention: 5K** 

**P.O. Box 747** 

McGehee, AR 71654

For more information:

Call: 870-460-2137

Sarah Pambianchi

pambianchi@uamont.edu



