



DEPOT DASH 5K

APRIL 17TH, 2021 • HISTORIC KCS DEPOT
PRE-REGISTER BEFORE APRIL 5TH

PLEASE REVIEW COVID-19 GUIDELINES AND RACE RULES & REGULATIONS BEFORE COMPLETING REGISTRATION FORMS

All individuals are required to wear a mask or face covering except while actively running in the event.

Contact the Mena Polk County Chamber of Commerce for more information or assistance:
524 Sherwood Avenue • www.menapolkchamber.com • 479-394-2912

Race Location: 524 Sherwood Avenue, Mena

PRE-REGISTRATION PACKET PICK UP: April 12th - 16th in the Chamber Office (8:00am – 5:00pm)

DAY OF RACE PACKET PICK UP/ REGISTRATION: 8:00 – 8:45 am:

- Packet pick up will be outside the Chamber Office
- Packets will be picked up by Registration Name.
- No Transfers

REGISTRATION FEE:

- \$35 – 18 & Up
- \$25 – 13 & Up
- \$15 – 12 & Under

MAIL OR DROP OFF AND MAKE CHECKS

PAYABLE TO:

Mena Polk County Chamber of Commerce Foundation
(MPCCCF)
524 Sherwood Avenue
Mena, AR 71953

FIRST NAME _____ LAST NAME _____

AGE ON RACE DAY _____ GENDER MALE FEMALE

EMAIL _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CHOOSE RACE: 5K RUN 5K WALK

CHOOSE AGE GROUP: 14 & UNDER 15-19 20-29 30-39 40-49 50-59 60-69 70 & UP

T-SHIRT SIZE (ADULT UNISEX): XS S M L XL XXL

WAIVER:

I know that running is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I assume any other risks associated with running this event including, but not limited to, falls, contact with other participants, and the effects of weather and conditions of the road. I understand I am solely responsible for my own safety while traveling to and from or participating in this event. Knowing these facts and in consideration of your acceptance of my entry, I hereby for myself, my heirs, executors, administrators, or anyone else who might sue on my behalf covenant not to sue, and waive, release, and discharge the sponsors or contributors to this event, any race officials, volunteers, the city and police agencies, their representatives successors or assignees from any and all claims of liability for death, personal injury, or property damage of any kind or nature whatsoever arising out of, or in the course of my participation. The release form and waiver extends to all claims of every kind or nature whatsoever, foreseen and unforeseen, known and unknown. The undersigned further grants full permission to use any photographs, video tapes, motion pictures, recordings, or another record of the event for any purpose.

Minors will be accepted with a parent's signature.

By signing this form I agree to the waiver above, to the Rules and Regulations of this event, and to the COVID Guidelines set forth by the ADH.

Signature (Parent or Guardian if under 18): _____ Date _____