

**President William Jefferson Clinton Birthplace Home National Historic Site
The University Of Arkansas Hope-Texarkana
Arkansas Runners LLC**



Celebrating Hempstead County Bicentennial

3rd Annual Presidential 5k Starry Night Run/Walk -Saturday, April 14, 2018

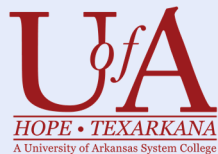
Registration must be submitted by **April 4, 2018** To Receive a Complementary T-Shirt
5K Run/Walk Sign in at 6:30 PM Race Starts at 7:00 PM
 (Rain Out Date: Will Be Announced If Inclement Weather)

On the University of Arkansas at Hope Campus at 2500 S. Main St. in Hope, AR

For more information or to register call:

870-777-4455 or click on **www.nps.gov/wicl** or **www.uacch.edu**
Registration is FREE and will be capped at 150 racers

The Walk/Run will start at the parking lot of Hempstead Hall adjacent to the campus and will be racing into the night.



Send registration form NO Later Than April 4th to: President William Jefferson Clinton Birthplace Home NHS -117 South Hervey Street—Hope, AR 71801, faxing to 870-777-4935 or email to Wicl_Visitor_Center@nps.gov

Name: _____ Tel.# _____ Email _____

Address: _____ City/State/Zip _____ Date Of Birth _____ Gender _____

Age: _____ (Day of Race) **T-Shirt Size:** YOUTH -S M L **ADULT:** S M L XL

I know that running a road race is a potentially hazardous activity and that I should not enter and run unless I am medically able and properly trained. I assume all risks associated with running in this event. Having read this waiver and knowing these facts and in consideration of accepting my entry, I and anyone entitled to act on my behalf, waive and release the National Park Service and the University of Arkansas Hope-Texarkana, all race volunteers and all sponsors, their representatives, employees and successors from any claims and liabilities of any kind arising out of my participation in this event or carelessness of the persons named in the waiver. Further, I grant to all of the foregoing the right to use any photographs, motion pictures, recordings or any other record of this event for legitimate purposes.

Signature (if under 18 parent/guardian) _____ Date _____