



# “THE BEAT GOES ON” 5K

presented by

## EVERETT

### Event

“The Beat Goes On” 5K Run/Walk is an event presented by the Saline Memorial Health Foundation.

### Why Race?

Proceeds will benefit the new Wellness Park at Saline Memorial Hospital and support the enhancement of cardiovascular care in Saline County. The park will improve awareness and access to local healthcare.

Please make checks payable to the



Saline Health Foundation

### Run/Walk Registration

You can mail or fax your registration form to Saline Memorial Health Foundation. You can also register online at [www.salinememorial.org](http://www.salinememorial.org).

### Entry Fee

- Individual: \$20
- Child 12 years or younger: \$15 (includes t-shirt)
- Race day: \$25

### Date/Time

Saturday, February 24, 2018 | 9:00 am

### Course

The 5K Run/Walk course will start and finish at Saline Memorial Hospital. Registration and post-race refreshments will be located inside. It is recommended that runners start up front and walkers line-up in back.

## “THE BEAT GOES ON” 5K

Official Entry Form - February 24, 2018

One entry form per person please. For additional entries, please copy. **Please Print.**

### “The Beat Goes On” 5K Waiver

I know that running/walking a 5K or volunteering at a 5K is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the walk/run. I assume all risks associated with competing in Saline Memorial's “The Beat Goes On” on February 24, 2018, including but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and conditions of the road, all such risks being know and appreciated by me.

Having read this waiver and knowing these facts, an in consideration of your accepting my entry, I, form myself, waive and release Saline Memorial Health Foundation, the city of Benton, ArkansasRunner.com and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in the race and/or club activates even through liability may arise out of negligence or carelessness on the part of the person's named in this waiver.

I also grant permission for the use of my photography, motion pictures, recording, or any other record of my participation in this event for any legitimate purpose.

**Mail to:** Saline Memorial Health Foundation  
1 Medical Park Drive • Benton, AR 72015

**Fax to:** 501-776-6750

Name \_\_\_\_\_ Phone \_\_\_\_\_

Male  Female  I am unable to participate. Register me as a virtual runner.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Adult t-shirt size:  S  M  L  XL  XXL Youth t-shirt size:  S  M  L

Visa/MC/AMEX \_\_\_\_\_ Exp. \_\_\_\_\_ CVV \_\_\_\_\_

Team Name \_\_\_\_\_ (Team minimum of 5 people. Team name no more than two words)

Employee ID to payroll deduct \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature if under 18 \_\_\_\_\_