



Saturday, February 23

Registration Form

Event

The Beat Goes On 5K Run/Walk is an event presented by Saline 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.

Run/Walk Registration

You can mail or fax your registration form to Saline Health Foundation. You can also register online at SalineHealthFoundation.org.

Entry Fee

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

Date/Time

Saturday, February 23, 2019 | Race begins at 9am

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.

Please make checks payable to the



THE BEAT GOES ON 5K

Official Entry Form - February 23, 2019

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 23, 2019, 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 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 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 XXXL

Youth t-shirt size: S M L

Visa/MC/AMEX _____ Exp. _____ CVV _____

Employee ID to payroll deduct _____

Signature _____ Date _____

Parent's Signature if under 18 _____