

A CERTIFIED 5K RACE!

Camden Area Chamber of Commerce 2017 DAFFODIL FESTIVAL 5K RUN/WALK

Date & Time:
Saturday, March 11th, 7:30 A.M.
 Meet at Woods Place, in Garden Oaks Shopping Center at Washington & Cash
Day of Race Registration: 6:45-7:15am

Entry Fee: Thru March 4th: \$20.00 (includes one t-shirt in your size choice)
After March 3rd: \$25.00 (includes your choice of one t-shirt from those available AS-AXL)
Day of Race: \$25.00, 6:45-7:15 am

Packet Pick-Up:
Day before race at the Chamber office/ Camden Visitors Center before 4:00 p.m.
Day of race at 6:45 a.m. at Woods Place

Awards:

- ◆ **Top Male & Female Overall, Runners & Walkers**
- ◆ **Top 3 Runners, Male & Female, Each age division**
- ◆ **Top 3 Walkers, Male & Female, Each age division**
- ◆ **Top Student, Male & Female***
 *Track students can run free when coaches sign them up. Optional 5K t-shirts are \$12.00.



All 5K Walkers will start @ 7:30 am
All 5K Runners will start @ 8:00 am

- Age Divisions:
- 14 and Under Male & Female
 - 15 – 19 Male & Female
 - 20 – 29 Male & Female
 - 30 – 39 Male & Female
 - 40 – 49 Male & Female
 - 50 – 59 Male & Female
 - 60 and Over Male & Female

Mail Entries to:
 Camden Area Chamber of Commerce
 2016 Daffodil Festival 5K Run/Walk
 P.O. Box 99, Camden, AR 71711
 Please make checks payable to:
 Camden Area Chamber of Commerce 5K

Phone: 870.836.6426 **Fax:** 870.836.6400
Email: info@CamdenAreaChamberofCommerce.org

VISIT
CamdenDaffodilFestival.com
for Festival info. There is much to do and see both days!

Please print clearly! Thank you!

5K Run
 5K Walk
 Spirit Walker/Runner*
 Age on 03/11/2017

*Shirt pick up at race or Chamber

Last Name: _____ **First:** _____ **MI:** _____
Email address: _____ **Gender:** M F **Date of Birth:** ___/___/___
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Best Phone #: _____ **Number* T-Shirts Desired:** _____
◆One shirt included with entry fee; otherwise, \$12 youth thru XL, \$15 2X & 3X. *These sizes available only if ordered & paid for by March 3rd
How did you hear about our 5K? (Please be specific.) _____

Release: I know running, walking and volunteering to work in club races are potentially hazardous activities. I should not enter and participate in this race 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 run. I assume all risks associated with running, walking and volunteering to work in club races including, but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Camden Area Chamber of Commerce, Race Chairman, City of Camden, County of Ouachita, Volunteers, & all sponsors, their representatives & successors from all claims or liabilities of any kind arising out of my participation in the race and/or club activities even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all the foregoing to use

Race Fee: _____
 No. of Extra T-shirts x \$12: _____
 x \$15: _____
 Total: _____

any photographs, motion pictures, recordings, posting of participants & race times, or any other record of this event for any legitimate purpose.

Signature: _____ **Date:** _____
Parent's Signature if under 18 years: _____ **Date:** _____

Amount Paid: _____
 \$ CK # _____
 Date payment received: _____/_____/16

(Please do not mark form below the dotted line. Thank you!)

TRACK STUDENT FEMALE MALE _____ Age Division

Race Number
RW