

Hannah's HOPE &

a pediatric cancer foundation



Run Buffalo Wild for Childhood Cancer! 5K RUN/WALK AND HOT WING EATING CONTEST Saturday, August 28, 2010

All proceeds to benefit Arkansas Children's Hospital families that have a child afflicted with cancer.

5K Run/Fun Walk

\$20 Adults, \$15 Teen (ages 13-17), \$10 Youth (Ages 2-12), Under 2 FREE
Register on line at www.hannahshopefoundation.org or mail entry form.

First Name _____ Last Name _____

Address _____

City _____ State _____ ZIP _____

Daytime Phone _____ Evening Phone _____

Date of Birth _____ Age on Date of Race _____ Male _____ Female _____

E-mail Address (required) _____

Schedule:
Registration
& Check-in
6:30-7:40 am
Race Begins
at 8:00 am

Select Level: Adult _____ Teen (13-17) _____ Youth (2-12) _____
Check One: 5K Run _____ or 5K Walk _____
T-Shirt Size: YL ___ S ___ M ___ L ___ XL ___ XXL _____

The 5K Run/Walk will be held around Lake Bella Vista in Bentonville, AR.
Awards will be give to the male and female in each category with the best time!

Age Categories: 14 and under, 15-19, 20-29, 30-39, 40-49, 50-59, 60+

Release:

I know that running and volunteering to work in club races are potentially hazardous activities. I should not enter and run 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 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 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 Hannah's HOPE Foundation, Buffalo Wild Wings, the City of Bentonville, the County of Benton, Lake Bella Vista Park, 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 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 any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

Signature _____

Date _____

(parent or guardian if under age 18)

Mail Entry To:
Hannah's HOPE
Attn: 5K Run/Walk
PO BOX 141
Siloam Springs,
AR. 72761

Make Checks Payable To:
Hannah's HOPE