

**Now a CERTIFIED 5K RACE!**

# Camden Area Chamber of Commerce 2007 BARN SALE 5K RUN / WALK

<b>Date &amp; Time:</b> Saturday, September 29 <sup>th</sup> at 8:00 A.M. Meet at Woods Place, in the Garden Oaks Shopping Center at Washington & Cash	<b>Entry Fee:</b> Thru Sept. 21 <sup>st</sup> : \$20.00 (includes t-shirt) After Sept. 21 <sup>st</sup> : \$25.00 (includes t-shirt) <b>Day of Race Registration:</b> 7:15-7:45 am	<b>Packet Pick-Up:</b> Day before race at the Chamber office/ Camden Visitors Center before 4:00 p.m. Day of race at 7:15 a.m. at Woods Place
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- Awards:**
- ◆ Top Male & Female Overall
  - ◆ Top 3 Runners, each age division, Male & Female
  - ◆ Top 3 Walkers, Male & Female
  - ◆ Top Student, Male & Female\*
- \*Track students can run free of charge when coaches sign them up. Optional 5K t-shirts are \$10.00.*



- 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

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

**Please make checks payable to:  
 Camden Area Chamber of Commerce 5K**

**Mail Entries to:**  
 Camden Area Chamber of Commerce  
 2007 Barn Sale 5K Run/Walk  
 P.O. Box 99  
 Camden, AR 71711

CAMDEN AREA CHAMBER OF COMMERCE

**ENTRY FORM**      *Division:*    5K Run    5K Walk  
 (circle one)

**Age on 09/29/2007:** \_\_\_\_\_ \*\*  
 \*\*(Please don't make me compute your age....Thanks!)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Email address: \_\_\_\_\_ Gender:    M    F    (circle one)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_ T-Shirt Size:    S    M    L    XL    (circle one)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_    How did you hear about our 5K? *(Please be specific.)* \_\_\_\_\_

Please print clearly! Thank you!

**Release:** I know that 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, 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, posting of racers and race times, or any other record of this event for any legitimate purpose.

Amt: _____  _____  /    /    07	Signature: _____ Date: _____ Parent Signature if under 18 years: _____ Date: _____ (Please do not mark form below signature lines. Thank you!)  DB____ Reg____ TRACK STUDENT FEMALE MALE _____ Age division	Race Number  _____
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