

# Move with the Baxter Beat!!!

Sponsored by: **Baxter Healthcare Corporation**

## 5K/1-Mile FUN RUN

Saturday, May 6, 2017 start @ 7:30 a.m.  
Big Creek Golf Course and Country Club  
(Proceeds go to: Arkansas Heart Foundation)



Name: \_\_\_\_\_ Gender: **M** **F**  
Age on day of race: \_\_\_\_\_ Phone: \_\_\_\_\_ Baxter Healthcare Employee: **Y** **N**  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Race:** (circle one) **5K** **1-Mile FUN RUN**

**Shirt Size:** (circle one)

**Sport-Tek Short Sleeve Shirt- (Adult Sizes Only):**

\$30.00 (pre-register by 04-17-17) / \$40.00 (after 04-17-17)

S M L XL XXL XXXL XXXXL

**Regular Short Sleeve Tee: (Youth Sizes Only) - \$20.00**

YS YM YL YXL

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I understand that this is a volunteer activity and I have no obligation to participate in this activity as a condition of my employment. No one has indicated I must participate in this activity. I know that running and volunteering to work in 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 races including, but not limited to falls, contact with other participants, the effects of the weather, including extreme temperature 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 my myself, and anyone entitled to act on my behalf, waive and release Baxter Healthcare Corporation and Baxter Regional Medical Center, their representatives and successors from all claims or liabilities of any kind arising out of my participation on the race, even though liability may arise out of negligence or carelessness. 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. **Runners are not able to win more than one award. If you win an "Overall" award, you will not win an age group award.**

For more information - Contact:

Micah Thompson 870-424-5234 (Micah\_Thompson@baxter.com) or

Amy Thalmueller 870-424-5556 (Amy\_Thalmueller@baxter.com)

**Make checks payable to:** Baxter Beat **Mail Registration Form and Check to:**

Baxter Healthcare Corp. C/O 5K Race, 1900 North Hwy 201, Mountain Home, AR 72653

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature (under 18): \_\_\_\_\_ Date: \_\_\_\_\_