



# Scholarship Form

### Race Info

Please put an X next to the race you are seeking scholarship for:

Cow Paddy Run (Fayetteville, AR) \_\_\_\_\_

Downtown Runaround (Springdale AR) \_\_\_\_\_

What's Your Spark? (Siloam Springs, AR) \_\_\_\_\_

### Basic Info

First Name & Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade (if applicable): \_\_\_\_\_ Gender: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

5k

1k

*-please circle which event your child will be doing*

**Can you commit to, provide transportation, and stay with your child for the whole race?**

- YES, sign my child up for FREE and I will provide transportation
- NO, my child will not be able to participate at this time

### Emergency Contact Info

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### General Questions

School Name \_\_\_\_\_

Teacher Name \_\_\_\_\_

**What's YOUR spark for running? Why do you (or your child) want to participate in this year's event?**

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### T-Shirt Size (please circle one)

Youth S, Youth M, Youth L, Youth XL, Adult S, Adult M, Adult L, Adult XL, Adult XXL

## Waiver

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Event Director, The Spark Foundation, Cow Paddy Run, RunSignUp.com, and all of their agents assisting with the event, sponsors and their representatives, volunteers, and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typically found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment, and hospitalization.

As it applies to my participation in this race, I agree to abide by the Center for Disease Control (CDC)'s recommendations for the prevention of the spread of COVID-19 and attest to having read the CDC's guidance at: <https://www.cdc.gov>. I also agree to abide by any COVID-19 distancing and other safety guidelines issued by the state, the community or by this race for my participation in this race.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

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

### **If registrant is under 18 years of age:**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Yayyy! You're done. Good luck and have fun!**

Please email us at [contact@mysparkfoundation.org](mailto:contact@mysparkfoundation.org) if you have any questions.