

Fordyce on the Cotton Belt

5K Race



April 27, 2024

8:00 a.m.

Fordyce AR

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthday Date: _____ Age on Race Day: _____

Sex: [] Male [] Female

Shirt Size: [] S [] M [] L [] XL [] 2XL

Registration is 6:30 a.m. – 7:45 a.m. the morning of the race. Registration is at First Baptist Church Life Center. The 5K route is as follows; Start at First Baptist Church on N. Main Street and go South, turn right onto W. 1st Street, turn right onto Amis Street, turn left onto W. 2nd Street, turn left onto S. Russell Street, turn right onto Abernathy Street, turn right onto N. Moseley Road, turn right onto W. 4th Street, turn left onto Green Acres Drive, turn right onto W. College Street, turn right onto N. Main Street and go to the finish line.

Age Divisions:

12 & under	30-39	60-64
13-16	40-49	65 & over
17-29	50-59	

\$15 Pre-Registration; \$20 Day of Race *Make Checks Payable To: Fordyce on the Cotton Belt Festival

General Release: I hereby waive and release any and all rights and claims for damages which I may have against the Fordyce on the Cotton Belt Festival, including: promoters, other participants, operators, officials, any person in a restricted area, sponsors, advertisers, owners and lessees of premises used to conduct the event and each of them, their officers and employees. All for the purposes herein referred to as "releases", from all liability to the undersigned, his personal representatives, assigns, heirs and next of kin for any and all damages and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the release or otherwise while the undersigned is in or upon the restricted area, and/or, competing, officiating in, observing, or working for, or for any purpose participating in the event. I further understand that I am responsible for all dependents and authorized guests who accompany me while participating in this event.

Signature: _____ Date: _____

Parent/Guardian Signature (if under 18 years): _____ Date: _____

Mail To: FBT Bank & Mortgage c/o
David Sisson
200 West 4th St. Fordyce, AR 71742

For more information contact.
Scott Smith at 870-313-1172, ssmithfbt@hotmail.com or
David Sisson at 870-352-3107, dsisson@fbtbank.com