



5K ABILITY Roll, Walk or Run Event

In Celebration of the 21st Anniversary of the Americans with Disabilities Act (ADA), Sources for Community Independent Living Services in cooperation with providers of disability services and community organizations will host a **FREE** 5K Roll n' Walk Run Event on June 26 at 6:30 p.m. on the Scull Creek Trail in Fayetteville (2619 N. Quality Lane, Fayetteville).

The ADA has expanded opportunities for Americans with disabilities by reducing barriers, changing perceptions, and increasing full participation in community life. On the 21st anniversary of the Americans with Disabilities Act, we celebrate and recognize the progress that has been made under the ADA by reaffirming the principles of equality and inclusion.

Name : _____

Address: _____ City: _____ State: _____

Emergency Contact Phone Number: _____

T-Shirts are \$10

T- Shirt (Circle) XS S M L XL XXL XXL

Release & Waiver: I understand that running is a potentially hazardous activity. I should not enter unless I am properly trained. I also know that there will be other participants on the course. I assume all risks of rolling, running, or walking with other participants. I also assume any and all risks associated with participating in this event, including but not limited to falls, contact with other participants, the effects of weather and the condition of the roads and trails, all such risks being known and appreciated by me. Knowing these facts and in consideration of your accepting my entry, I hereby for myself, my heirs, my executors, administrators or anyone who may claim on my behalf, covenant NOT to sue, release, waive and discharge Sources for Community Independent Living Services, Inc., any and all Sponsors, their agents, employees, assigns, volunteers or anyone acting on their behalf. This Release & Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. I give permission to use any and all photography or recordings for promotional purposes.

Signature: _____ Date: _____

Parent or Legal Guardian Signature: _____

Mail to: **Sources 1918 North Birch Avenue Fayetteville, AR 72703**