

## ABOUT THE EVENT

# AAO SPORTS EXPERIENCE

## EXPERIENCE the EXCITEMENT!

Over 65,000 square feet of games & activities for the entire family

- Dodgeball Arena
- Bungy Jumping
- Zip Line
- Rock Climbing Wall
- Health Testings & Screenings
- Free Food & Product Samples
- And more!

## iRUN

Fun 1 mile Run held in conjunction with AAO Sports Experience

Benefits Fayetteville and Springdale Elementary P.E. Programs

## A Great Cause!

1/2 of each ticket sold to the Sports Experience goes directly back into your child's P.E. program.

PRESENTED BY:

**Kellogg's**®

SPONSORS

**USNutrition**



For More Information Visit

[www.aaosportexperience.com](http://www.aaosportexperience.com)



SPORTS EXPERIENCE  
PRESENTED BY: **Kellogg's**®



OCTOBER 3, 2009

10AM - 4PM

RANDALL TYSON  
TRACK CENTER

EXPERIENCE THE  
EXCITEMENT

# Help Support Your Child's P.E. Program!

through the



**SPORTS EXPERIENCE**



**1/2 of each ticket sold goes directly back into your child's P.E. Program**

## iRUN INFORMATION

**What:** 1 Mile Fun Run  
**Date:** Saturday, October 3rd, 2009  
**Location:** Baum Baseball Stadium East Parking Lot on Razorback Road  
**Parking:** Baum Stadium West Parking Lot  
**Race Schedule:**  
 Fayetteville Schools  
 9:00 am All Schools Arrive for iRun Warm-Up  
 9:15 am 4th & 5th Grade Start  
 9:30 am 2nd & 3rd Grade Start  
 9:45 am K & 1st Grade Start  
 Post-Race Go to the Sports Experience!

Springdale Schools  
 10:00 am All Schools Arrive for iRun Warm-Up  
 10:15 am 4th & 5th Grade Start  
 10:30 am 2nd & 3rd Grade Start  
 10:45 am K & 1st Grade Start  
 Post-Race Go to the Sports Experience!

*Parents are free to run with your child.*  
**Awards:** Everyone is a Winner! Each iRun student participant will receive an award, iRun t-shirt, a ticket into the AAO Sports Experience and coupon for free Chick Fil A Sandwich.

## iRun Entry Form

Student Name \_\_\_\_\_  
 School \_\_\_\_\_  
 Grade \_\_\_\_\_ Gender: M F  
 Address \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 Parent Phone # \_\_\_\_\_  
 Parent Email \_\_\_\_\_

*Parents are free to run with your child!*

### SIGN ME UP FOR...

#### Sports Experience Tickets

1/2 of each ticket sold supports your child's p.e. program!

|                    |          |   |     |                           |       |          |
|--------------------|----------|---|-----|---------------------------|-------|----------|
| iRun Student       | Quantity | 1 | Fee | FREE                      | Total | \$0      |
| Additional Tickets |          |   |     | \$5/person or \$20/family |       | \$ _____ |

#### iRun T-Shirts

(available in Youth S, M, L and Adult S, M, L, XL)

|                     |                  |   |     |           |       |          |
|---------------------|------------------|---|-----|-----------|-------|----------|
| iRun Student        | Quantity/Size(s) | 1 | Fee | FREE      | Total | \$0      |
| Additional T-Shirts |                  |   |     | \$5/shirt |       | \$ _____ |

**TOTAL ENCLOSED**.....\$ \_\_\_\_\_

*Make Checks Payable to AAO*

#### Release

Parent or legal guardian, please read the following information carefully. No participant will be admitted into the 2009 AAO Sports Experience iRun unless either a parent or legal guardian signs this form. By signing this form, you are releasing all claims for injuries that the participant and all additional runners may sustain through this program. I agree to assume full risk and to waive and release all claims I and/or the participant may have against Arkansas Athletes Outreach/Fayetteville/Springdale ISD. This release also includes AAO / Fayetteville / Springdale ISD's agents, staff, sponsors, volunteers and employees from any such claims resulting from injury, damages or loss sustained on account of participation in any AAO program or event. I understand that I am responsible for all personal medical expenses and that the participant's family must cover all medical costs incurred for the participant. I hereby give permission for the staff to secure medical attention for my child. I grant permission for my child's image to be used in any future publications, print or video. I have read and understand the parent information.

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_

**DUE BY 9/21**

**Return Completed Form and**

**Payment Back to School with your Child**

