

18<sup>th</sup> Annual  
**HOGSKIN COUNTY FESTIVAL 5K RUN / WALK**





**Date & Time:**

Saturday, April 11 at 8:00 A. M.

**Packet Pick-Up:**

*Day of race* at 7:15 A. M. at Generations Bank

**Where:** Meet at Generations Bank at 302 W. Main  
Street in Hampton, Arkansas

- Awards:**  Top Male & Female Overall Runners  
 Top 3 finishers in each age division, Male & Female Runners  
 Top Male & Female Overall Walkers  
 Top 3 finishers in each age division, Male & Female Walkers

**Entry Fee:**

Registration through April 8: \$20.00 *(Includes 5k T-Shirt)*

After April 8: \$25.00 *(Includes 5k T-Shirt)*

Day of Race Registration: 7:15-7:45 A.M.

**5k Run/Walk Age Divisions:**

- 14 – Under Male & Female
- 15 – 19 Male & Female
- 20 – 29 Male & Female
- 30 – 39 Male & Female
- 40 – 49 Male & Female
- 50 – 59 Male & Female
- 60 – Older Male & Female

**Phone:** 870.866.8122

**Email:** tristancarter2018@gmail.com

**Mail Entries to:**

Hogskin Festival  
*Hogskin 5k Run/Walk*  
P. O. Box 99  
Hampton, AR 71744

18<sup>th</sup> Annual  
**HOGSKIN COUNTY FESTIVAL 5K RUN / WALK**

**Entry Form**

**Division:** 5k Run 5k Walk (Circle One)

**Age on 04/11/2026:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Sex:** M F (Circle One)

**Address:** \_\_\_\_\_ **Shirt Size:** S M L XL XXL (Circle One)

**City, State, Zip:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**How did you hear about our event?** \_\_\_\_\_

**Release:** I know that running, walking, and volunteering to work in club races are potentially hazardous activities. I should not enter and participate 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, walking, and volunteering to work in club races including, but not limited to falls, contact with other participants, the effects of the weather, including high heat 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 myself and anyone entitled to act on my behalf, waive and release Generations Bank, Race Chairman, Hogskin County Festival Committee, City of Hampton, County of Calhoun, Volunteers, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in the race and/or club activities even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all the foregoing to use any photographs, motion pictures, recordings, posting of racers and race times, or any other record of this event for any legitimate purpose.

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

**Parent Signature**  
**if under 18 years:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Race Number

*Make checks payable to: Hogskin County Festival 5k*