



2025 Arkansas Traveller 100 Application

October 4-5, 6:00 AM

Lake Sylvia Recreation Area, near Perryville, Arkansas

Presented by the Arkansas Ultra Running Association
Proceeds benefiting the Williams Junction Volunteer Fire Department

Last Name _____ First _____ Middle _____
Address _____
City _____ State _____ Zip _____ Phone _____
e-mail _____ Shirt size (M/W): _____ (XS, S, M, L, XL, XXL)
Date of Birth ____/____/____ Age on 10/4/2025 (Minimum age 18) _____ Gender _____
Previous Ultra Experience? _____
Anticipated AT100 finish time: _____
Is this your first 100-mile attempt? _____ Please list any previous years you completed the AT100 _____

If applicable, please describe what kind of camping you will be doing at Lake Sylvia (RV, tent, etc.): _____

List any medical conditions we should know of _____

Are you taking any prescription drugs? Please list: _____

Please provide a contact (name and phone number) in case of an emergency _____

Entry Fee \$ _____ (\$235 until July 6; \$255 until August 2; \$275 thereafter; online and mail-in fees are the same)

Entry limit: 200

Send application and entry fee (check payable to Arkansas Traveller 100) to:

AT100, 18 Laffite Circle, North Little Rock, AR. 72116.

Refund Policy: \$235 of entry fee is refundable until June 6th; Half of fee is refundable June 7th - July 12th; No Refund after July 12th.

For additional information, visit the Arkansas Traveller 100 website: <http://www.runarkansas.com>

e-mail: AT100@runarkansas.com or phone 501-590-5196

Race Waiver - PLEASE READ – This entry contains limitations of your legal rights.

I know that running an ultramarathon race is a potentially hazardous activity that could cause injury or death. I should not enter and run unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, am in good health, and am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road and trail, encounters with wild or domestic animals, 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 the race directors and workers, Arkansas Ultra Running Association, U.S. Forest Service, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, event though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to race management to use any photographs, recordings, or other records of my participation in this event for any legitimate purpose. I also understand that the race director has the right to refuse any entry, and that my registration fee is non-refundable after September 19, 2016.

Signature _____ Date _____

Can't Wait To See You in October for "Good Time Running"