



Registration Form

DATE: October 5, 2019

TIME: 1 mile Run/Walk begins at 7:00 pm (central). Glow party afterwards along with fireworks!

LOCATION: Glow Run will begin and end in downtown Pikeville, TN at the Farmers Market Pavilion.

For questions, please contact Michelle Rains or Tammy Terry at 423-447-2914

COURSE: The course is a fairly flat loop around Pikeville with very few inclines. Water will be available on the route. Pre and Post-race snacks provided.

AWARDS: T-shirts are guaranteed to pre-registered participants only! Everyone who pre-registers will receive a glow necklace. Extra glow items will be for sale \$1 at the event and face paint will be available in 8 different colors for \$2.

FEE: \$20 Run/Walk **Deadline to pre-register is 9/21/19*

Make Checks Payable To: BCHS (All proceeds benefit BCHS Athletic Department)

Mail To: Jason Reel P.O. Box 1155 Pikeville, TN 37367

I am registering for:

_____ Run/Walk (\$20)

Name: _____ **M:** _____ **F:** _____

Address: _____ **City:** _____ **State:** _____

Phone: _____ **Email:** _____

Age (as of 10/5/19): _____ **Emergency Contact:** _____

Shirt Size: (circle one) ADULT: S M L XL 2XL YOUTH: S (6-8) M (10-12) L (12-14)
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WAIVER/RELEASE: I know that running a road race is a potentially hazardous activity, and I should not enter or run 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 this run. I assume all risk associated with running this event, including but not limited to falls, contact with other participants, the effects of weather, including high heat and humidity, traffic, and conditions of the road all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of our accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the City of Pikeville, Bledsoe County, Fall Festival, BCHS Athletic Department and all sponsors, their representatives and successors from all claims and liabilities of any kind arising out of my participation in this event though this liability may be the result of negligence on the part of the persons named in this waiver.

SIGNATURE: _____ **DATE:** _____

SIGNATURE OF PARENT (if participant is under 18 or under: _____