



Glow Run/Walk 5K

Friday, October 18, 2019

7:30 PM

Check-in begins at 6:30 PM

Downtown Cochran, GA
(Behind the Chamber Building)



Cochran-Bleckley
Chamber of Commerce
102 N Second Street-PO Box 305
Cochran, GA 31014
Phone: (478) 934-2965
info@cochran-bleckley.com
www.cochran-bleckley.com

_____ \$35.00 Adults _____ \$20.00 Students

A portion of the profits will be donated to the Juvenile Diabetes Research Foundation.

Donations to the Juvenile Diabetes Research Foundation will also be accepted with this form or at the event.

Registration fee is due by **Friday, October 4, 2019**. You may continue to register after the 4th however, a shirt will not be available. All fees are non-refundable.

Please make checks payable to: **Cochran-Bleckley Chamber of Commerce.**

Complete, sign, and return this form with check to address below. (Please print clearly)

First & Last Name: _____ Date: _____

Address: _____

City, State Zip: _____

Email: _____

Age on Run Day: _____ Phone: _____

Emergency Contact Name & Phone: _____

Please indicate your t-shirt size.

_____ Youth Small _____ Youth Medium _____ Youth Large
_____ Adult Small _____ Adult Medium _____ Adult Large _____ Adult X-Large

Release and waiver (Please Read and sign) I know that running is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also know that, although police protection might be provided, there could be traffic on the course route; therefore, I assume the risk of running in traffic. I also assume any other risks associated with running this event including, but not limited to, falls, contact with other participants, and the effects of weather and conditions of the road. I understand I am solely responsible for my own safety while traveling to and from or participating in this event. Knowing these facts and inconsideration of your acceptance of my entry, I hereby for myself, my heirs, executors, administrators, or anyone else who might sue on my behalf covenant not to sue, and waive, release, and discharge the sponsors or contributors to this event, any race officials, volunteers, the city and police agencies, their representatives successors or assignees from any and all claims of liability for death, personal injury, or property damage of any kind or nature whatsoever arising out of, or in the course of my participation. The release form and waiver extends to all claims of every kind or nature whatsoever, foreseen and unforeseen, known and unknown. The undersigned further grants full permission to use any photographs, video tapes, motion pictures, recordings, or another record of the event for any purpose.

Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____

Mail completed application and check to the Cochran-Bleckley Chamber of Commerce at PO Box 305, Cochran, GA 31014.

Information on overnight accommodations is available on our website at www.cochran-bleckley.com.