



Glow Run/Walk 5K

Saturday, October 09, 2021

8:00 PM

Check-in begins at 7:00 PM
Downtown Cochran, GA
 (Behind the Chamber Building)



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

_____ \$25.00 Adults _____ \$15.00 Students _____ School attending

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.

All fees are non-refundable. Registration ends at 5:00 pm, Friday, September 24, 2021. After this date a shirt will not be available.

Please make checks payable to: **Cochran-Bleckley Chamber of Commerce.**
Credit Card payments (\$5.00) additional.

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: _____

Shirt Size: Youth Small _____ Youth Medium _____ Youth Large _____

Small _____ Medium _____ Large _____ X large _____ XX Large _____ XXX Large _____ XXXX 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 in consideration 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 102 N Second St Suite A, Cochran, GA 31014.**

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