

OCTOBER 1, 2022
FALL FESTIVAL GLOW RUN
DOWNTOWN PIKEVILLE



Registration Form

DATE: October 1, 2022

TIME: 1 mile Run/Walk @ DUSK (**6:45 pm cst**). Glow party afterwards!!

LOCATION: Glow Run will begin and end in downtown Pikeville at the main stage. For questions, please contact Michelle Rains at 423-447-2914 or Jason Reel at 423-447-6851.

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: Everyone who registers for the race will receive a glow run t-shirt. Only pre-registered participants are guaranteed to get the t-shirt on the day of the race..

FEE: \$25 Run/Walk (*Deadline to pre-register is 9/23/22)

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

Drop Off Registration Forms with fee At Bledsoe County High School

Or Mail To: Jason Reel 877 Main St. Pikeville, TN 37367

I am registering for: _____ Run/Walk (\$25)

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

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

Phone: _____ **Email:** _____

Age (as of 10/1/22): _____ **Emergency Contact:** _____

Shirt Size: (circle one) ADULT: S M L XL 2XL YOUTH: S (6-8) M (10-12) L (12-14)

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: _____