## The 11th Annual Jason Elswick Scholarship Challenge 5K Run/Walk at Bluefield College's Dome Gymnasium

**September 15, 2018** 

Race registration 7:45 am Race begins at 8:30 am

**Entry Fees (NO REFUNDS):** Before September 1, 2018 - \$20.00\*

Guaranteed commemorative t-shirt

After September 1, 2018 - \$25.00\*

Commemorative t-shirts will be available upon quantity ordered

Brought to you by:



## For more information visit www.bluefield.edu/elswick5k or call 276.326.4211

Cut and return with payment to Bluefield College c/o Elswick 5K 3000 College Avenue Bluefield, VA 24605 or register at www.bluefield.edu/elswick5k

Last Name:	First	Name:		M.I.:
Email:		Phone:		
Address:	City:		State:	Zipcode:
Date of Birth:/	Gender (	circle one): M F	Age (or	n day of race):
Γ-Shirt Size (circle one): S M	L XL XXL	Select Course (circ	cle one): W	Valk Run
	*Checks pay	able to Bluefield Coll	ege	

Waiver: In consideration of the acceptance of this entry, I hereby for myself, my heirs, executors, administrators and assigns, and anyone entitled to act on my behalf, release and discharge Jason Elswick Scholarship Challenge, Bluefield College, The Town Of Bluefield, Virginia or City Of Bluefield, West Virginia, sponsors, their representatives and successors, promoters, managers, directors, officials, agents, employees and volunteers, from any and all claims of injury, or liabilities of any kind, illness or damages suffered by me, or form the participation of the minor for whom I am signing for, as a result of participating in, or traveling to this event. I know that running a road race is a potentially hazardous activity. I should not enter and 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 the run. I assume all risks associated with running this event, including, but not limited to, falls, contact with other participants, the effects of the weather (including high heat or humidity), traffic and the conditions of the road, all such risks being known and appreciated by me. I realize that this is a strenuous event which requires proper physical conditions. I hereby certify that I am in such physical condition and good health. I also give my permission for the free use of my name and picture in any written account, broadcast or telecast of this event for any legitimate purpose.

Date:	Signature:	Parent's Signature if under 18: