



THE CAUSE: The Bartholomew Consolidated School Foundation (BCSF) operates on donations that are accepted throughout the year from private individuals, businesses and charitable foundations. Funds raised from this event will provide financial support to the wide range of grant and scholarship opportunities made available to BCSC students and staff. Education is a great investment. Let's fill that need TOGETHER!

LOCATION & TIME: BCSC Soccer Complex (Start/Finish)
1585 Poshard Drive Columbus, IN 47203
**Race Start: 8:30 a.m.

EVENT REGISTRATION: Online: www.indianatiming.com
Mail in: Complete & sign registration form
Day of Race: 7:30 – 8:15 a.m.
****Registration fees are non-refundable**

COST: \$25 on or before October 31, 2021 (\$30 after October 31)
****Take \$5 off if no shirt wanted**

RESULTS/AWARDS: Indiana Timing will be timing the event and results will be posted at www.indianatiming.com the same day. \$10 White River Running Company certificates will go to age group run winners for those over 20 years old and may be claimed at the store for up to one month following the event.

FOR MORE INFO/QUESTIONS: tgrimes824@gmail.com
(317) 701 – 8415

Detach and return to: **Todd Grimes 4915 W 265 N Columbus, IN 47201**
Make check payable to: **BCSF "Brighter Futures for All"**

NAME _____ AGE _____ GENDER _____

ADDRESS _____

PHONE _____ E-MAIL _____

PLEASE INDICATE SHIRT SIZE (Payment by 10/31/21 to guarantee shirt)

(Child: S M L) (Adult: S M L XL XXL) (No Shirt)

I WILL PARTICIPATE IN: _____ 5K RUN _____ 5K WALK

In consideration of acceptance of my entry, I hereby release, discharge and agree to hold free and harmless any sponsors, officials or organizers of this event and each of them together with their successors, assigns, officers, agents, and employees from any and all liability for injuries to property or person suffered by me as a result of my participation in this event. By execution of this waiver, I assume all risk associated with my participation in this event, including, but limited to fall, the effects of weather, traffic and road conditions, all such risks being known and appreciated by me. I verify that I am physically fit and significantly trained for the completion of this event and that my physical condition has been verified by a licensed medical doctor.

SIGNATURE _____ DATE _____

Parent's signature if under 18 years of age