

2016 Tax Day Glow Fun Run/Walk
Proceeds benefit Trigg County Special Olympics



Friday, April 15, 2016
 Registration/packet pick up begins at 6:00
 1 Mile Fun Run begins at 7:00
 5K Run begins at 7:30

The race begins at Crossroads Fellowship, 264 Commerce Street in Cadiz, KY.

In order to be guaranteed a t-shirt, we must receive your entry form by April 4, 2016. Forms may be mailed to:

Glow Run,% Cathy Oliver, P.O. Box 3, Cerulean, KY 42215

Each participant will receive a glow bracelet in their race registration packet. There will be a costume contest and prizes awarded for the most "GLOW"!

Come GLOW and help the Special Olympics athletes of Trigg County SHINE!

Return portion below with registration fees:

Entry Form:

Name: _____

Address: _____

Phone: _____

Shirt Size: YS YM YL AS AM AL AXL AXXL

Age: _____

Email address: _____

Fee:

| | |
|------------------------------|--|
| __ 1 Mile Fun Run/Walk 15.00 | __age 15 and under 1 Mile Run/Walk 10.00 |
| __ 5K Fun Run/Walk 20.00 | __age 15 and under 5K Run/Walk 15.00 |

Release of Liability: MUST BE SIGNED

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 all decisions of the race officials relative to my ability to complete the run safely. I assume all risks associated with running in this event, including but not limited to falls, contact with other participants, the effects of weather, including high heat and humidity, traffic and the 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 Trigg Co. Special Olympics Glow Run accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Crossroads Fellowship, 5K staff, volunteers, the City of Cadiz, their agents, employees, representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. Furthermore, I agree to be bound by the rules established with respect to this event. In addition, I understand that if the race is canceled by circumstances beyond the control of the organizers, my entry fee will not be refunded.

Signature: _____ Date: _____

2016 Tax Day Glow Run Sponsors Needed!

Donate 50.00 or more:

- Name/Company name on back of T-shirt
- Receive a free t-shirt
- Can place business card, etc. in bags given to race participants

Name: _____

Business Name: _____

Email address: _____

Address: _____

Phone: _____

Shirt Size: S M L XL XXL

Complete this form and mail to:

Glow Run
% Cathy Oliver
P.O. Box 3
Cerulean, KY 42215



***Special
Olympics
Kentucky***