COMPLIMENTARY REGISTRATION **SPONSOR'S NAME:** _____

The Eighth Annual Belle Vernon Area Middle School 5K Color Run

It's that time once again to gather your friends and family together for the most exciting and colorful 5k Run/Walk! What a great way to have fun while raising money for the BVA Middle School Student programs and activities. Post-Race Celebration includes Runner Awards, Music, Food, and Chinese Auction.

DATE: SATURDAY SEPTEMBER 30, 2023
TIME: CHECK IN/REGISTRATION- 7:30 AM

RUNNERS-8:30 AM START **WALKERS-8:35 AM START**

LOCATION: BELLE VERNON AREA MIDDLE SCHOOL, 500 PERRY AVENUE, BELLE VERNON
FEES: Pre-Register Before September 15: Adults $30/Students $25 guaranteed- free color packet & shirt!
After September 15 and Day of Race: Adults $35/ Students $30- shirts/color packets are not guaranteed!

Make CHECKS PAYABLE to: Belle Vernon Area Middle School OR BVAMS
Mail To: BVA Color Run; Belle Vernon Area Middle School; 500 Perry Avenue; Belle Vernon, PA 15012

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REGISTRATION FORM: (CUT ON LINE ABOVE AND INCLUDE BOTTOM HALF WITH YOUR CHECK)

Name: _____
Address: _____ **City:** _____ **State:** _____
Phone: _____ **Email:** _____

Please Circle one Registration Type: Adult Student

Please Circle one T-shirt Size:

Youth Sizes:	Small	Medium	Large		
Adult Sizes:	Small	Medium	Large	X-Large	2X-Large

In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury/accident which may occur during this event. I am also aware of and assume all the risks associated with participating in this event, including falls, contact with other participants, effect of weather, traffic, and conditions of the course. I, for myself and on behalf of my heirs, here-by waive Belle Vernon Area School District and all persons associated with the event for all liabilities, claims, actions, or damages that I may have against them in any way connected with my participation in this event. I understand that this waiver includes any claims, whether caused by negligence, the action of any of the above parties or otherwise. I understand that the entry fee is nonrefundable. I hereby grant full permission to any and all parties to use any photographs or any other record of this event.

_____ _____
Participant Signature **Date**

_____ _____
Parent/Guardian Signature **(required if participant is under 18 years of age)** **Date**

Parent/ Guardian Printed Name: _____ **Phone Number:** _____

Team Name if Participating as Part of a Sports Team, Group or Family: _____