

**BETHEL RURAL COMMUNITY
ORGANIZATION
RACE APPLICATION FORM**

Please print legibly and fill in ALL blanks

I wish to participate in (check one) Half Marathon _____ 5K _____

Last Name _____

First Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ E-mail _____

Birth date (mm/dd/yy) ____/____/____ Age day of race _____ Sex M F

Emergency Contact Name and Phone _____

Entry Fee: 5K or Half: \$25 if postmarked by 9/30 Check # _____

Do not mail anything after September 30th as we may not receive it in time. If not received by race time you will be asked to pay \$30 before the race and we will return mailed check when we get it in the mail.

Liability Waiver and Release:

Upon acceptance of my entry, I, for myself, my heirs and assigns do hereby release Bethel Rural Community Organization, Inc., Bethel Schools, race sponsors, officials and volunteers from any and all liability arising from illness, injury or death that I may suffer as a result of my participation in either the Half Marathon or 5K Race. I attest that I am physically able and sufficiently trained for the race, which I am entering, and that I am aware that participation could result in physical injury. I grant permission for photos, motion pictures, recording or any other record of the events for any legitimate purpose. I agree to accept as final the decisions of the race officials.

Entrant Signature or Guardian (if under 18) Date

Make checks payable to: BRCO and mail to: Po Box 1333, Waynesville, NC 28786