



Med Center Health.

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Official Entry Form

SATURDAY, OCTOBER 23, 2021 • WESTERN KENTUCKY UNIVERSITY

Please return this entry form by September 24, 2021.

Fax to 270-745-0683 or mail to: P.O. Box 1175 • Bowling Green, KY 42102

First Name: _____

Last Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Grade: _____ School: _____

Teacher's last name: _____

T-SHIRT SIZE:

Youth Adult SM MED LG XLG

By signing below, I hereby waive all claims for my child named above, myself, heirs and executors against Med Center Health, a non-profit entity, related to my child's participation in the Med Center Health 10K Children's Classic, its sponsors, agents, employees and any affiliated entities, for any and all claims and liabilities which may result therefrom. I assume all risks associated with my child participating in Med Center Health 10K Children's Classic, known and unknown, including but not limited to, falls, injuries, contact with other participants, illnesses, the effects of the weather and conditions of the road, traffic, all such risks being known and appreciated by me. I further state that my child is physically able to complete the registered event and that I will ensure my child abides by any rules/guidelines associated with the event. I understand that the race for the current year is being scheduled as an in-person event, that this is subject to change at the sole discretion of 10K officials depending on the status of the pandemic, and that the event may be changed to a "virtual event" without further notice. I grant full permission to use any photographs or video recording of my child, or any other record of this event without my prior approval. I acknowledge and agree that my child's entry fee is not refundable.

Parent/Guardian Signature: _____

MED CENTER HEALTH 10K CHILDREN'S CLASSIC

Participant Information

The Med Center Health 10K Children's Classic is a great opportunity to promote a healthier lifestyle. Every child who participates is a winner. Ninety percent of the race will be completed prior to race day while your child is training. Children will keep a training log using the calendar below. The goal is to run short distances each day prior to the race. Registration forms are to be turned in by September 24, 2021. This half of the form is to be completed and turned in when you check your child in on race day.

IMPORTANT RACE DAY INFORMATION

- **Date of race:** Saturday, October 23
- **Check in location:** WKU Stadium Concourse (Enter Gates 5 & 6)
- **Check in time:** 9:00 a.m.
- **Items needed for check in:** This Mileage Log
- Participants will receive a t-shirt at Check In.
- After checking children in, parents are to take a seat in the stadium.
- The run will be divided by grade levels with each group running at designated times.
- You will get to see your child cross the finish line inside the football stadium while sitting in the stands, and your child will get to see themselves on the big screen as they finish the run!
- Parking will be available in both parking structures and Creason Parking Lot (Egypt Lot) on the corner of University Blvd. and Russellville Rd.

Name: _____

Teacher's name: _____

School: _____

MARK YOUR MILEAGE

Mark your mileage each day as you race toward your goal of 5½ miles!

SUN	MON	TUES	WED	THURS	FRI	SAT
September						
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2
October						
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	RACE DAY

