



JESSICA COLTER MEMORIAL SCHOLARSHIP FUND
AUGUST 13th 8:00 AM RUN/WALK
JESSICACOLTERSCHOLARSHIP.COM TUSCULUM UNIVERSITY GREENEVILLE, TENNESSEE

Last Name: _____ First Name: _____ MI: _____

Age on Race Day: _____ Date of Birth: _____ Male ☐ Female ☐

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Race Day Emergency Contact Name and Phone Number: _____

T-Shirt Size (Unisex): SM ☐ MD ☐ LG ☐ XL ☐ XXL ☐

Women's Tank: SM ☐ MD ☐ LG ☐ XL ☐ XXL ☐

Youth Size: YMD ☐ YLG ☐ YXLG ☐

Registration Fee before Aug 13: \$25 Virtual/Day of Race Registration: \$30

Please make checks payable to:

The Jessica Colter Scholarship Fund

Mail form and check to 1113 Tusculum Blvd #137

Greeneville, TN 37745

In consideration of your accepting this entry, I, the below signed, intending to be legally bound, for myself, my heirs, my executors and administrators, waive and release and any all rights and claims for damages I may have against the race, and sponsors and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest that I will participate in this event as a footrace, that I am physically fit and sufficiently trained for the completion of this event. Furthermore, I hereby grant full permission to use my name and likeness, as well as any photographs and any record of this event in which I may appear for any legitimate purpose, including advertising and promotion.

DATE ____/____/____

Signature of Participant or Parent or Guardian if under 18