

2nd Annual TigerPRIDE 5K RUN/WALK

Homecoming Weekend, Saturday - October 11, 2014

Start Time: TigerPRIDE 5K - 9:00 a.m.

TigerCUB Fun Run (Youth 11 & Under) - 10:00 a.m.

Race Start Location: Black River Falls High School

Sponsored by the
Educational Enrichment Fund



ENTRY FEE

TigerPRIDE 5K Run/Walk - \$25

TigerCub Fun Run - \$10

PACKET PICK-UP

Race packets will be available for pick-up at the Black River Falls Tiger Homecoming Football game and the race day registration table.

**Please complete one form per participant or register online*

Please circle one: **5K Run/Walk** **TigerCUB Fun Run (Youth 11 & Under)**

Name _____


Home Address _____

City _____ State _____ Zip _____

Age: _____ Date of Birth: _____ Gender: Female _____ Male _____

*Child care available for race participants by BRF Middle School FCCLA Students during the 5K. Pre-registration required. Please contact Tess Johnson at 715.896.0358

*****New for 2014*****
Chip Timing and Optional Online Registration Available at:
<http://www.active.com/black-river-falls-wi/running/races/tigerpride-5k-run-walk-2014>



Shirt Sizes - *Performance Moisture Wicking Short Sleeve T-shirt*

Ladies' Fit:	S	M	L	XL	2XL
Adult Sizes:	S	M	L	XL	2XL
Youth Sizes:	YXS	S	M	L	XL

***Guaranteed t-shirt to all pre-registered by Oct. 1, 2014**

*****NO REFUNDS*****
No pets, strollers, or rollerblades allowed on course

Age and Gender Categories: 1st, 2nd & 3rd place finishers will receive awards Male & Female categories for 12-19, 20-29, 30-39, 40-49, 50-59, and 60+. Awards will be provided by age category. TigerCUB Fun Run will not be a timed event.

WAIVER I am entering this event with full knowledge that I could easily be hurt or face life-threatening injuries. I state that I have trained and am in proper physical condition and there is no medical reason that I should not participate in this event. I fully assume all risks of injury, illness or death, and release covenant not to sue, and discharge the Black River Falls Area Foundation and the Educational Enrichment Fund, the Black River Falls School District, all volunteers, the city of Black River Falls, WI, the County of Jackson and USATF (USA Track & Field) all actions, claims or demands for damages arising out of my participation in this event. The forgoing release is binding upon me personally, as well upon my heirs, executors, and administrators, and all members of my family, or anyone else who might make claim on my behalf. Furthermore, I hereby grant full permission to use my name and photograph, videotapes, or other record of this event for the Black River Falls Area Foundation and the Educational Enrichment Fund's promotional purposes.

SIGNATURE _____ **DATE** _____

PARENTAL SIGNATURE (if under 18) _____ **DATE** _____

Please send completed form & registration fee made payable to **Educational Enrichment Fund** to:

Tess Johnson
457 Skyline Ridge Drive
Black River Falls, WI 54615

*Proceeds to benefit students within the Black River Falls School District

