



JESSICA COLTER MEMORIAL SCHOLARSHIP  
AUGUST 14th 8:00 AM RUN/WALK  
JESSICACOLTERSCHOLARSHIP.COM DOWNTOWN 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: SM ☐ MD ☐ LG ☐ XL ☐ XXL ☐

Youth Size: YMD ☐ YLG ☐ YXLG ☐

Registration Fee before Aug 14: \$25 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