



Bethel Bolt

10K Run and 5K Run/Walk

Saturday, August 9, 2014

Bethel, OH

8:00 AM



Join us on Saturday, August 9, 2014 at 8:00 am for a 10K Run and a 5K Run/Walk through the countryside. Proceeds will benefit the Bethel-Tate School Scholarship Fund and the Bethel Ministerial Association.

Course: Begins at Burke Park in Bethel, goes to East Fork Lake and back to Burke Park.

Run Divisions: 14/under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59 and 60/over.

Walk Divisions: 19/under, 20-29, 30-39, 40-49, 50-59, 60/over.

Awards: Top male and female runners and walkers. Age group awards to the top entrant in each run/walk division. Awards presented immediately following the Kids Fun Run.

Kids Fun Run: Free to all kids. Immediately following the 10K. Awards to all participants.

Pre-registration: \$20 including a race t-shirt. Mail-in Registrations must be postmarked by August 4.

Online Registration is available through Wednesday, August 6, 2014.

Race Day Registration. \$25 including a race t-shirt.

Race-Day Registration/Number Pickup: begins at 6:30 a.m. at Burke Park.

Directions: Bethel is on Route 125 about 14 miles East of I-275.

For race information, contact Greg McCormick (513) 652-6225
For complete information, course map, directions, on-line registration and results, visit:

www.RunningTime.net

BETHEL BOLT 10K RUN AND 5K RUN/WALK ENTRY FORM

Name: _____

Address: _____ City: _____ State: _____ Zip _____

Email: _____ @ _____ Phone: _____

Age (as of race day): _____ Sex: **M F** Race: **10K Run 5K Run 5K Walk** Shirt: **S M L XL**

WAIVER: In consideration of the acceptance of my entry, I hereby waive on behalf of my heirs, executors, and assign, all claims of any nature arising from my participation in the Bethel Bolt 10K Run and 5KRun/Walk, and do hereby release Community Savings Bank, and all workers, officials, and volunteers from any claim whatsoever arising from my participation in this event. I agree to abide by all the rules for participation, and acknowledge that Community Savings Bank may refuse or return my entry at its discretion. I understand the risks for such a run/walk, and have trained adequately in preparation. I HAVE NOTED ANY MEDICAL CONDITION ON THE REVERSE SIDE OF THIS FORM. By attending events, registrants agree that their photograph may be used in Community Savings Bank publications and/or promotional materials.

Relevant medical conditions _____

Signature _____ Date _____

Parent's signature (for entrants under age 18) _____ Date _____

In case of medical emergency, contact: _____ Phone (____) _____ or put "at race"

Make Checks Payable To: Bethel Bolt

Mail to: c/o Greg McCormick, 10119 Crosier Lane, Cincinnati, OH 45242