



Bluffview Montessori

Bluffview Montessori 5K Run/Walk and 10K Run · Saturday, May 20th 2023 ·

WHERE?

Bluffview Montessori School
1321 Gilmore Avenue, Winona

WHEN?

10K begins at 8 AM
5K begins at 8:15 AM

PRE-REGISTRATION (shirt not included)

10K - \$20 per person

5K - \$20 per person (age 16-adult on race day)

5K - \$10 per person (age 6-15 on race day)

Children age 5 and under are free (no shirt)

SHIRT - \$10 each (order below)

COURSE

- Both events start and end at Bluffview Montessori
- 5K around West Lake Winona; 10K around both West and East Lake Winona
- Countdown to start and chip finish
- Refreshments provided at finish line

RACE-DAY REGISTRATION 7:00-7:45 AM at Bluffview

10K - \$25 per person

5K - \$25 per person (age 16-adult on race day)

5K - \$15 per person (age 6-15 on race day)

AGE GROUPS

10 and under, 11-15, 16-19, 20-29
30-39, 40-49, 50-59, 60-69, 70+

PACKET PICKUP

2pm - 5pm Friday, May 19th, 2023 at Bluffview

AWARDS

- 1st and 2nd place in each age division
- Overall winners

Please fill out clearly. One form per person.

Age on race day:

Phone number ()

Name:

Address:

City: State: Zip:

Email:

Circle one: 5K 10K

Shirt (\$10): Adult S M L XL
Youth S M L

Amount enclosed \$ Check #

For more information, call Matt Cyert at (507) 429-2400 or email mcyert@hotmail.com

This release and waiver is executed upon registration.

Knowingly, and at my own risk, I am participating in the Bluffview Explorer 5K Run/Walk & 10K Run. I do hereby waive and release any and all claims against Bluffview Montessori School, the City of Winona, all event sponsors and any employees, volunteers, or officials of these organizations from any claim of injury (including death) that I may incur as a result of my participation in the event.

I acknowledge that I have full knowledge of the risks associated with running and walking, and I hereby assume all risks associated with running or walking. I further acknowledge that I have full knowledge of the risks involved in this event, and I hereby assume all risks associated with my participation in this event. I certify that I am physically fit and sufficiently trained to participate in this event. If, however, as a result of my participation in this event I need medical attention, I hereby give consent to authorize medical personnel to provide such medical care as deemed necessary.

Signature _____

Parent or guardian signature if under 18 _____