



Bluffview Montessori

Bluffview Montessori 5K Run/Walk · Saturday, May 11th, 2024 ·

WHERE?

Bluffview Montessori School
1321 Gilmore Avenue, Winona

WHEN?

5K begins at 8:00 AM

PRE-REGISTRATION (shirt not included)

\$20 per person (age 16-adult on race day)
\$10 per person (age 6-15 on race day)
Children age 5 and under are free (no shirt)

COURSE

- Event starts and ends at Bluffview Montessori
- 5K around West Lake Winona
- Countdown to start and chip finish
- Refreshments provided at the finish line

SHIRT - \$10 each (order below)

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

\$25 per person (age 16-adult on race day)
\$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 10th, 2024 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:

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

Amount enclosed \$ Check #

For more information, email Mr. Josh at
jcarlson@bluffviewmontessori.org

This release and waiver is executed upon registration.

Knowingly, and at my own risk, I am participating in the Bluffview Explorer 5K Run/Walk. 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