



Jingle Bell 5k Run  
**West Alabama Grand Prix Event**  
**Conducted by: TIME2RUN**  
 (USATF CERTIFIED COURSE) (AL00015JD)  
 Saturday, December 5th, 2020  
 Demopolis, Alabama

Registration begins at 8:00 am at Rooster Hall - **Race begins at 9:00 am**

Registration fee: \$25 if turned in by November 29th  
**(non-refundable) \$30 day of race**

Benefits Local Area Charities

**AWARDS/PRIZES**

Top 3 Overall Male and Female Winners  
 Masters (Over 40) Male and Female – 1<sup>st</sup> Place Only  
 Grand Masters (Over 50) Male and Female – 1<sup>st</sup> Place Only  
 Top 3 in each age group: Male and Female –  
 under 9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-79, 80+

First 100 participants will receive a souvenir the day of the race.  
 Please mail completed entry form to: COTR Jingle Bell 5k Run, P.O. Box 667, Demopolis, AL 36732 or drop off at the Demopolis Chamber of Commerce Office. Please make checks payable to COTR Jingle Bell 5k Run

Name  
 Last \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

T-shirt Size (circle one) M - L - XL - XXL (Adult sizes only) (Please choose, but we reserve the right to give an alternate souvenir)

**RELEASE FORM**  
**(Must be signed)**

I, individually, (and/or as parent, and/or guardian of the named minor)for and in consideration of acceptance of this entry in the aforementioned event, do hereby release remise, waive, and forever discharge the Sponsor and any and all other supporting groups of this said race event, together with all of their officers, agents, officials and employees from and all liability, claims, demands, actions or cause of action whatsoever arising out of, or related to any injury illness, loss, or damage, including death, relating to participation in the aforesaid event. I further state that I am in proper physical condition and have trained properly to compete and participate in this event.

\_\_\_\_\_  
 Participant's Signature **(if under 18, please have parent or guardian sign below)** Date \_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian's Signature Date \_\_\_\_\_

**Refreshments provided Comfort Care Hospice**