



MAY 1, 2021 • COLUMBUS, INDIANA

THE CAUSE – Near the conclusion of each school year, the Bartholomew Consolidated School Foundation (BCSF) acknowledges a deserving educator from the Bartholomew Consolidated School Corporation (BCSC). The “*Good, Better, Best*” recognition – awarded in honor of two BCSC Hall of Fame, long-time educators (Ross Wallace and Chuck Grimes) – goes to a BCSC employee that has gone “above and beyond” and “outside the box” in their passionate attempt to make education as positive and memorable of an experience as possible for the students they serve. Our hope is that proceeds from this race will continue to pay tribute to the legacy of not only Mr. Wallace/Mr. Grimes and this award’s recipients, but also draw attention to deserving educators everywhere for a long time to come.

Location & Time- Southside Elementary School/Bartholomew County 4-H Fairgrounds
1320 W 200 S Columbus, IN 47201
2019-20 school year “*Good, Better, Best*” winner recognized at 8:15
Race start – 8:30am

Event Registration – Online: www.indianatiming.com
Mail In: Complete & Sign Registration Form
Day of Race: 7:30 – 8:15 a.m.

****Registration fees are non-refundable****

Cost – On or before April 12, 2021 (\$20) After April 12 (\$25) **Take off \$5 if no shirt wanted**

Results/Awards – Indiana Timing will be timing the event and results will be posted at www.indianatiming.com the same day. \$10 White River Running Company Certificates will go to age group run winners for those over 20 years old and may be claimed at the store for up to one month following the event.

For More Information/Questions – tgrimes824@gmail.com or (317) 701-8415



Detach and Return to: **Todd Grimes 4915 W 265 N Columbus, IN 47201**
Make check payable to: **BCSF "Good, Better, Best"**

NAME _____ AGE _____ GENDER _____

ADDRESS _____

PHONE _____ E-MAIL _____

PLEASE INDICATE SHIRT SIZE (Payment by 4/12/21 to guarantee shirt)

(Child: S M L) (Adult: S M L XL XXL) (No Shirt)

I WILL PARTICIPATE IN: _____ 5K RUN _____ 5K WALK

In consideration of acceptance of my entry, I hereby release, discharge and agree to hold free and harmless any sponsors, officials or organizers of this event and each of them together with their successors, assigns, officers, agents, and employees from any and all liability for injuries to property or person suffered by me as a result of my participation in this event. By execution of this waiver, I assume all risk associated with my participation in this event, including, but limited to fall, the effects of weather, traffic and road conditions, all such risks being known and appreciated by me. I verify that I am physically fit and significantly trained for the completion of this event and that my physical condition has been verified by a licensed medical doctor.

SIGNATURE _____ DATE _____

Parent's signature if under 18 years of age