

the
eleventh annual

GERTRUDE COX SCHOLARSHIP RACE

5K Race and 2.5K Fun Run/Walk • Tuesday, August 15, 2000

The Caucus of Women in Statistics, in conjunction with the ASA present the eleventh annual Gertrude Cox Scholarship race at the Joint Statistical Meetings in Indianapolis. All proceeds benefit the Gertrude M. Cox Scholarship in Statistics.

The Races: There will be two races run concurrently: A competitive 5K race and a 2.5K fun run/walk.

When: Tuesday, August 15 at 6:30 a.m.

How Much: The entry fee is \$20. Registration forms received prior to August 1 will include one T-shirt. T-shirts for all pre-registered runners will be distributed at the race.

Registration: Those interested in participating are encouraged to register early. Registration forms will be published in the June and July Amstat News and can also be found on the JSM meeting website at <http://www.amstat.org/meetings/jsm/2000>. You may also register during the meeting at the hospitality table of the Caucus of Women in Statistics. All participants must sign a registration form and waiver.

If you have questions, please contact Teri Crosby, Race Director
Oronite/Chevron Chemical, 100 Chevron Way, Room 60-1210
Richmond, CA 94802; Phone (510) 242-5563; Fax (510) 242-1930; Email tacr@chevron.com.



Registration Form: Each participant must complete and sign a form.

Name: _____

Address: _____

City: _____ State/Province: _____ Zip: _____ Phone _____

Sex: M ☐ F ☐ Age: _____ T-Shirt size: L ☐ XL ☐

Event: 5K Race ☐ 2.5K fun walk ☐

The Fine Print: I understand that running a road race is a potentially hazardous activity. I will not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, effects of weather, traffic, and course conditions. All such risks are known and appreciated by me. Having read this waiver, knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the race directors, the race committee, and all sponsors from all claims or liabilities of any kind arising out of my participation in this event, even though such liability may arise as a result of negligence or carelessness on the part of the persons named in this waiver.

Signature: _____ Date: _____

Parent or guardian (if under 18) _____

Make check payable to: The Gertrude Cox Scholarship Fund. Please return this form along with your check to the Race Director, Teri Crosby at the above address.