

Turkey Trot 10th Annual 5K Run-Walk Williamsburg, KY



November 24, 2016

Race begins @ 9:00 a.m.

REGISTRATION FORM

Name:					
Mailing Address:				Email:	
City/State/Zip:				Phone:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age Race Day _____ / or Stroller Division <input type="checkbox"/>		Birth Date:	
T-Shirt Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Extra Large <input type="checkbox"/> XXL					
Emergency Contact:				Phone:	

Make your tax deductible donation payable to *Williamsburg Shop With a Cop**

**Pre - Registration Fees:
Before November 14, 2016
Adults: \$15.00
Students: \$10.00**

Mail checks & completed forms to the following:

Attn: Gina Hamblin
Williamsburg City Hall
P.O. Box 119
Williamsburg, KY 40769

**Registration Fees:
All Runners
Day of the Race:
\$20.00**

*The proceeds from this event will be used to benefit the non-profit *Williamsburg Shop With a Cop* program. This program gives underprivileged children an opportunity to actually go out and purchase things on their Christmas wish list. With your tax deductible contribution, more children can be served. The holidays are a special time for giving and sharing. Join us and commit to this great cause. For every \$100 earned, another child is helped.

Pre-registered runners may pick up their race packets the day before the race at City Hall!

WAIVER

I know that running a road race is a potentially hazardous activity. I should 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 participating in the Turkey Trot Walk/Run, including, but not limited to, falls, contacts with other participants, the effects of the weather, including high heat and/or humidity, traffic and conditions of the road, all such risks being known and appreciated by me. I realize that this is a strenuous event which requires proper physical conditioning. I hereby certify that I am in such physical condition and good health.

Having read this release and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act in my behalf or on behalf of my estate, my heirs, executors, administrators and assigns waive and release the City of Williamsburg KY any employee or volunteer of the City of Williamsburg and all sponsors of the race, and other persons assisting with the race, the officers, Board, Board members, agents, servants, employees, promoters, managers, directors, officials, agents, and their successors and assigns of each and every of the above from any and all claims of injury or liabilities of any kind including illness or damages suffered by me, arising out of my participation in or traveling to or from this race event even though the liability may arise out of negligence or carelessness on the part of the persons referred to in this waiver.

I also grant permission for the use of any photographs, motion pictures, recordings, or any other record of my participation in this event for any legitimate purpose. I understand that if the race is canceled because of circumstances beyond the control of the race committee and sponsors, including, but not limited to, unsafe weather conditions or governmental ban, my entry fee will not be refunded.

I agree to the above waiver,

Signature of Participant _____ Date _____

Signature of Parent or Guardian if under age 18 years _____ Date _____