

# The 11<sup>th</sup> Annual Turkey Trot 5K

Williamsburg, KY

**November 23, 2017**

**Race begins @ 9:00 a.m.**

## REGISTRATION FORM

Name:						
Mailing Address:				Email:		
City/State/Zip:					Phone:	
Male / Female		Age on Race Day:			Birth Date:	
T-Shirt Size: (circle one)    Small    Medium    Large    X – Large    XXL    NO SHIRT						
Emergency Contact:				Phone:		

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

**Pre - Registration Fees:**  
**Before November 13, 2017**  
**\$20.00**  
**NO SHIRT Option:**  
**\$15.00**

Mail checks & completed forms to the following:

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

**Registration Fees:**  
**November 14, 2017**  
through day of the race:  
**\$25.00**  
**(No shirt guaranteed)**

All proceeds will go to the “**Williamsburg Shop With a Cop\***” program which gives underprivileged children an opportunity to purchase things on their Christmas wish list. The holidays are a special time for giving and sharing, and with your contribution, more children can be served. For every \$100 earned, another child is given the opportunity to have a Christmas they wouldn’t be able to have without your help! **All pre-registered runners may pick up their race packets the day before the race at City Hall!**

**\*\*\*Race shirt is not guaranteed for registrations post marked after Nov. 13, 2017. All race shirts will be given on a first come/first serve basis on the day of the race for all participants who registered on November 14<sup>th</sup> through race day, November 23, 2017.\*\*\***

### WAIVER

I know that running a road race is a potentially hazardous activity. 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, traffic and conditions of the road. 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 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 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 this race event.

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, 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 \_\_\_\_\_