

Terre Haute Turkey Trot

Presented by Union Hospital

November 23rd - 2017

Start Time: 9:00 a.m.

Please make out all checks to Crossroads Events and mail in your registration to
\$25/Participant - No donated canned goods
\$20/Participant - If you bring 5 canned goods on race day

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Gender _____ Age on November 23rd: _____

Distance (Circle one): 5k 1 mile

T-shirt Size (Circle One): Child S Child M Child L Adult S Adult M

Adult L Adult XL Adult XXL (\$2.00 extra)

*(sign up by 11/16/17 to insure you receive a shirt

I, the undersigned, hereby release and agree to hold harmless the State of Indiana, the City of Terre Haute, Indiana State University, Crossroads Events and it's employees, agents, and officers from any and all claims, including those of my heirs or assigns which may arise from any action or failure to act by an employee, officer, or agent of the State of Indiana, Vigo County, or Crossroads Events and the connection with the participation of (participant's name) _____ in the Terre Haute Turkey Trot.

Consent is expressly given, in the event of illness or injury, for any emergency aid, anesthesia and/or operation, if in the opinion of the attending physician, such treatment is necessary. I also recognize that there are natural and manmade hazards, environmental conditions, diseases and other risks, which in combination with the actions of my child can cause severe or fatal injury to him/her. I and/or my child hereby freely agree to assume all risks which may be associated with or results from participation in the meeting activities, including but not limited to, travel and participation in the program.

Participant's Signature: _____

If Participant is under 18: _____

Parent/Guardian Signature: _____

