Roselle Exploding Turkey Trot

Each participant/participant guardian must sign this form

Last Name: ______________________________

First Name ______________________________

Sex: ______________

Address: ______________________________

City: ______________ State: __________ Zip: __________

Age on Race Date (November 26, 2015) ________

Email address: ______________________________

Emergency Contact ______________________ phone ______________________

T-shirt size(circle one) : S M L XL

Location: Race will begin and end at Lake Park High School, West Campus, 500 West Bryn Mawr Ave, Roselle.

Date: Thursday, November 26, 2015 **RAIN OR SHINE**

Registration Time/Race Day Packet Pick-up: 6:00-7:30 am **5k Race Starts** at: 8:00 am

Registration: $35.00 day of the race registrants.

$30 Prior to race day.

RELEASE OF LIABILITY (Adult)

Waiver: In consideration of the acceptance of this entry I waive all claims for myself and my heirs against the race director, sponsors, cooperating and coordinating groups and any individuals associated with this event and will hold them harmless for any and all injuries which may result from my participation. I hereby give my permission to the race and media to use my name and photograph in the newspaper, broadcast, telecast of this event without limitation or obligation. I certify that I am physically fit for this event and understand the risks involved by participating in this event.

Signature: ______________________________ Date: ______________

- -

PARENT / GUARDIAN CONSENT FORM AND LIABILITY WAIVER 18 and younger

Participant name: ______________________________

Birth Date: ______________________ Sex:

Parent/Guardian Name: Home Phone: ______________________

I, ____________________ , grant permission for my child, , to participate in the Exploding Turkey Trot 5k Race/Fun Walk. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the race director, sponsor, its officers, directors and agents, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Race Director, its officers, directors and agents, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Medical Matters: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Signature ______________________________ Date ______________

Please make checks payable to: **Roselle Turkey Trot**

Please return Registration & Liability Waiver Form to:

Exploding Turkey Trot
365 Countryside Drive
Roselle, IL 60172

Completed waivers and checks can also be dropped off at the Village Drop box or inside counter. They will only accept completed forms and checks. No cash will be collected at that location. Please mark envelope "Turkey Trot"