Roselle Turkey Tango 5k Run / Walk

Each participant must fill sign this form

Last Name:_____

First Name:_____

Shirt Size(Circle one) : S M L XL XXL

Sex: Male or Female (Circle one) Age on Race Day (November 23, 2017): _____

Address: _____

City: _____ State:_____ Zip:_____

Email Address:_____

Waiver and Release

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, and 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.

PARENT/GUARDIAN CONSENT FORM AND LIABILITY WAVIER

18 YEARS AND YOUNGER

Participant name:_____

Birth Date:_____ Sex : Male or Female (Circle one)

Parent/Guardian Name:_____

I, _____ grant permission for my child to participate in the Roselle Turkey Trot 5k Race event. 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 here after or our heirs, successors and assigns, to hold harmless and defend the race director, sponsors, its officers, directors and agents or representatives associated with the event, arising from or in connection with my child attending the evening 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 offices, directors and agent or representatives associated with the activity for the 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 responsibilities for the health of my child.

Signature:_____ Date: _____

Please make checks payable to: Roselle Turkey Trot.

Please return registration form to:

Roselle Turkey Trot

365 Countryside Drive

Roselle, Il 60172

Complete waivers and checks can also be dropped off at the Village Drop box or inside at the Finance Counter. They will only accept completed forms and checks. No cash will be collected at the location. Please mark envelop "Turkey Trot."