

REGISTRATION FORM

binder #

PLEASE PRINT LEGIBLY. **ONE** form per participant.

FIRST NAME LAST NAME

ADDRESS

CITY ST ZIP

PHONE

E-MAIL

WHAT IS YOUR PREDICTED FINISH TIME? : MIN: SEC
Start corral times will be assigned based on predicted finish time.

GENDER AGE

UW-L Alumni Yes No

TROTTER TEAM AFFILIATION

SELECT A RACE

- TURKEY TROT 3 MILE
- TURKEY TROT 1 MILE

JR. GOBBLER Dash 1/2 mile

REGISTRATION FEES

Until November 1st	3 Mile	1 Mile	Jr. Gobbler
November 2 - race day	\$10	\$7	\$3
Does not include race t-shirt	\$15	\$12	\$6

LONG SLEEVE PERFORMANCE T-SHIRT \$15

What Size? S M L XL XXL (add \$2 for XXL)

Youth Sizes 2-4 6-8 10-12 14-16

CHECKS PAYABLE TO

UW- La Crosse

MAIL FORMS TO

130 Recreational Eagle Center
La Crosse, WI 54601

TOTAL ENCLOSED
Sorry No Refunds
RACE \$ _____
T-shirt \$ _____
= \$ _____

WAIVER & RELEASE

I, in full recognition and appreciation of the hazards and exposures involved, do hereby voluntarily agree to assume all the risks and responsibilities involving my voluntary participation in the Turkey Trot 3 Mile, 1 Mile or Jr. Gobbler Gallop scheduled on Saturday, November 19, 2016. I do for myself, my child/ward, my heirs, and personal representative(s) hereby defend, hold harmless, indemnify and release and forever discharge the State of Wisconsin, Board of Regents of the University of Wisconsin System, UW-La Crosse and all its officers, agents, employees, event sponsors and volunteers from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the negligent actions or omissions of the undersigned in the course of participation in the Turkey Trot. I also hereby grant the Recreational Sports Department permission to utilize my likeness for use by television, films or printed media to further the aims of the program and release them from any/all claims in its use. I confirm that I or my child/ward have health and accident insurance in effect for the inclusive date of participation and no such coverage is provided by the University or the State of Wisconsin. I have read and executed this document with full knowledge of its significance. I have read and agree to the above.

SIGNATURE DATE

PARENT/GUARDIAN SIGNATURE IF UNDER 18

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