

REGISTRATION FORM

Complete ONE form per participant per race.

FIRST NAME LAST NAME

ADDRESS

CITY ST ZIP

PHONE

E-MAIL

GENDER AGE PREDICTED FINISH TIME MIN: SEC

TROTTER TEAM AFFILIATION

SELECT A RACE

TURKEY TROT 5K JR. GOBBLER distances are approximate
 Dash (3↓) 1/2 mile 1 mile

| REGISTRATION FEES | TURKEY TROT | JR. GOBBLER |
|----------------------|-------------|-------------|
| On or before Nov. 13 | \$7 | \$2 child |
| Nov. 14 to 20 | \$12 | \$5 child |
| Race Day | \$15 | \$5 child |

T-SHIRT -not included in race registration

Long Sleeve (\$13)
What Size? S M L XL XXL (add \$1 for XXL)
Youth Sizes 2-4 6-8 10-12 14-16

MAKE PAYMENTS TO:

UW-L Rec Sports Foundation
130 Recreational Eagle Center
La Crosse, WI 54601

TOTAL ENCLOSED
RACE \$_____
T-SHIRT \$_____
=\$_____

WAIVER

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 5K or Jr. Gobbler Gallop scheduled on Saturday, November 21, 2009. I do for myself, 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 and all of its officers, agents, employees, event sponsors and volunteers against any and all claims, demands, and actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result in my participation. 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 have health and accident insurance in effect for the inclusive dates of my participation and no such coverage is provided for me 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

REGISTRATION FORM

Complete ONE form per participant per race.

FIRST NAME LAST NAME

ADDRESS

CITY ST ZIP

PHONE

E-MAIL

GENDER AGE PREDICTED FINISH TIME **MIN: SEC**

TROTTER TEAM AFFILIATION

SELECT A RACE

TURKEY TROT 5K JR. GOBBLER distances are approximate
 Dash (3↓) 1/2 mile 1 mile

| REGISTRATION FEES | TURKEY TROT | JR. GOBBLER |
|----------------------|-------------|-------------|
| On or before Nov. 13 | \$7 | \$2 child |
| Nov. 14 to 20 | \$12 | \$5 child |
| Race Day | \$15 | \$5 child |

T-SHIRT -not included in race registration

Long Sleeve (\$13)
What Size? S M L XL XXL (add \$1 for XXL)
Youth Sizes 2-4 6-8 10-12 14-16

MAKE PAYMENTS TO:

UW-L Rec Sports Foundation
130 Recreational Eagle Center
La Crosse, WI 54601

TOTAL ENCLOSED
RACE \$_____
T-SHIRT \$_____
=\$_____

WAIVER

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 5K or Jr. Gobbler Gallop scheduled on Saturday, November 21, 2009. I do for myself, 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 and all of its officers, agents, employees, event sponsors and volunteers against any and all claims, demands, and actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result in my participation. 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 have health and accident insurance in effect for the inclusive dates of my participation and no such coverage is provided for me 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

REGISTRATION FORM

Complete ONE form per participant per race.

FIRST NAME LAST NAME

ADDRESS

CITY ST ZIP

PHONE

E-MAIL

GENDER AGE PREDICTED FINISH TIME **MIN: SEC**

TROTTER TEAM AFFILIATION

SELECT A RACE

TURKEY TROT 5K JR. GOBBLER distances are approximate
 Dash (3↓) 1/2 mile 1 mile

| REGISTRATION FEES | TURKEY TROT | JR. GOBBLER |
|----------------------|-------------|-------------|
| On or before Nov. 13 | \$7 | \$2 child |
| Nov. 14 to 20 | \$12 | \$5 child |
| Race Day | \$15 | \$5 child |

T-SHIRT -not included in race registration

Long Sleeve (\$13)
What Size? S M L XL XXL (add \$1 for XXL)
Youth Sizes 2-4 6-8 10-12 14-16

MAKE PAYMENTS TO:

UW-L Rec Sports Foundation
130 Recreational Eagle Center
La Crosse, WI 54601

TOTAL ENCLOSED
RACE \$_____
T-SHIRT \$_____
=\$_____

WAIVER

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 5K or Jr. Gobbler Gallop scheduled on Saturday, November 21, 2009. I do for myself, 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 and all of its officers, agents, employees, event sponsors and volunteers against any and all claims, demands, and actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result in my participation. 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 have health and accident insurance in effect for the inclusive dates of my participation and no such coverage is provided for me 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