

39th Annual Garden City Turkey Trot

Thursday, November 24, 2016

Proceeds to benefit:



and



and



===== OFFICIAL MAIL-IN ENTRY FORM =====

→SAVE MONEY by registering online at www.gcturkeytrot.com

Make checks payable and mail with entry to: Garden City Turkey Trot
 (must be received by Friday, Nov. 20th) P.O. Box 187, Garden City, NY 11530

Questions? Send an e-mail to: gcturkeytrot@gmail.com

RACE CHOICE: 5 mile 1.4 mile (Fun Run) Challenger Division
 (check one) 10:00am 9:15am 8:45am

SHIRT SIZE: S M L XL XXL Race Entry Fee: \$ _____

ENTRY FEE: • 5 Mile - \$30 Additional Donation to MDA: \$ _____
 • 1.4 Mile (Fun Run) - \$20 Additional Donation to LLS: \$ _____
 • Challenger Division – FREE! Additional Donation to INN: \$ _____
 (physically challenged) **TOTAL:** \$ _____

PARTICIPANT NAME & ADDRESS: * PLEASE PRINT ***** (if <18, parent signs below)

First Name	Initial	Last Name	Age	Date of Birth	Sex	(mm/dd/yy) (M or F)
Number and Street or Post Office Box						
City			State	Zip Code		
Phone (XXX-XXX-XXXX)			E-Mail Address			

In consideration of the acceptance of my race entry (or the race entry of my child who is under the age 18) (collectively referred to as the "Releasers") the Releasers assume full and complete responsibility for any injury or accident which may occur to me (or my child who is under the age of 18) while traveling to or from the event, during the event, or while on the premises of the event. Releasers are also aware of and assume all risks associated with participating in this event, including but not limited to falls, contact with other participants, effect of weather, traffic, and conditions of the road. Releasers, for themselves, their heirs and executors, hereby FOREVER WAIVE, RELEASE AND DISCHARGE the event organizers, sponsors, promoters, beneficiaries, the Turkey Trot Race Committee, Inc., the Incorporated Village of Garden City and its Police, Fire and Recreation Departments, Just Finish, Inc., USA Track & Field, the Muscular Dystrophy Association, Inc., the Leukemia & Lymphoma Society, The INN and each of their respective directors, officers, members, employees, agents, chapters, assignees, licensees, volunteers and any cooperating entities, their representatives, heirs, executors, administrators, successors and assigns (collectively the "Released Parties") from ANY AND ALL LIABILITIES, CLAIMS, ACTIONS, OR DAMAGES OF ANY NATURE that Releasers may have against them arising out of or in any way connected with my/our participation in this event. I understand that this waiver includes any claims, whether caused by any type of negligence, the action or inaction of any of the above parties, or otherwise. I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE any of the Released Parties in connection with the event. By signing this document, I certify that I have read this document and fully understand it, and that I am not relying on any statements or representations of any of the Released Parties. This document shall be binding upon on me, my (my children's) heirs, executors, administrators, assigns and all legal guardians (of my child).

Signature of Participant if Participant is Over 18	Date	Signature of Parent or Legal Guardian if Participant is Under 18*	Date
---	------	--	------

* I affirm that I am the parent or legal guardian of the above participant and that I have full authority to authorize his/her participation in the above-referenced event