

Please help us by registering online at www.gcturkeytrot.com

OFFICIAL ENTRY FORM

31st ANNUAL GARDEN CITY TURKEY TROT AND FUN RUN

Make checks payable and mail with entry to

GARDEN CITY TURKEY TROT

P.O. Box 187, Garden City, New York 11530

Please fill out entry blank
read the following statement and sign.

ENTRY FEE

Adults (\$20.00) \$ _____
Late (\$30.00)
12 and under (\$10.00) \$ _____
Late (\$15.00)
Raffle Chances \$ _____
(\$1 per chance,
6 for \$5; 15 for \$10)
TOTAL \$ _____

NAME:

Last

First

MI

ADDRESS:

Number and Street or Post Office Box

City

State

Zip

TELEPHONE:

Area Code

SEX

(male or female)

E-MAIL:

DATE OF BIRTH:

Age as of 11/27/08

T-SHIRT SIZE

(please check)

S

M

L

XL

(Photo copies accepted)

Check One

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TURKEY TROT 10:00 A.M.	FUN RUN 9:30 A.M.	CHALLENGER DIVISION 8:45 A.M.

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, Start to Finish Corp., the Muscular Dystrophy Association, Inc., the Leukemia & Lymphoma Society, 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 me, my (my child's) heirs, executors, administrators, assigns and all legal guardians (of my child).

Print Name of Participant _____ Date _____

Signature of Participant _____ Date _____

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

(Signature of Parent or Legal Guardian _____ Date _____
if Participant is Under 18)