

WMC Memorial Turkey Trot
Thanksgiving Day 5k Run/Walk
West Morris Central High School
259 Bartley Rd. Chester, NJ

Chip# _____
(Office Use Only)

Thursday – November 28, 2019, 9:00AM (Rain or Shine)

Mail / Race Day Registration Form*

Entry Fee: \$25, includes Turkey Trot running gloves for pre registered participants.

If you wish to register using a check fill out this form and mail or bring to - Turkey Trot c/o Recreation Office at 50 Rock Road, Long Valley, NJ 07853 - (no cash please, make checks payable to Long Valley Sports Association). Blank forms are also available at the Rock Road Office.

If you wish to register on Race Day you may fill out this form prior to the race and submit it with your payment in cash or check (make checks payable to Long Valley Sports Association) Check In and Registration: 7:30 – 8:30 AM, forms will be available at check in on race day.

*If you wish to register on line using credit card go to www.wmcturkeytrot.com
On line registration ends 11/24/19 at 11:59 pm

Please Check Here
5kRun _____ Walk _____

Last Name First Name Gender DOB Age on 2/28/19

Street Address City, State, ZIP Phone #

email: _____

Emergency Contact (Last Name) Emergency Contact (First Name) Emergency Contact (Phone #)

Waiver

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Event Director, RunSignUp.com, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typical found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

By submitting this entry I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

Signature

Date

Signature of Guardian If Under 18