

## 2019 Turkey Trot Registration

Name:			
Address:			
City:	State:	Zip:	
Telephone number:			
Email:			
Participants 13 ar	nd older \$30.00		
Participants 12 an			
	This pricing only available thro	ugh November 15th	
Check Number:	Cash:		
Credit card number:			
Expiration date:	Sec Code:		
	Liability Waiver		
I/We know that running/trotting/walk medically able and properly trained. complete the 2019 Turkey Trot. I/W participants, the effect of the weather, Having read this waiver, and knowing on my/our behalf waive my/our right any and all sponsors, their representatevent, even though that liability may a I/We also authorize and consent to the form participation in this event for a refundable and non-transferable.	I/We agree to abide by any decision of the course, all risks associated with the conditions of the course, all risks agree these facts and in consideration of the sue Evergreen Christian Outreactives and successors from all claims wrise out of negligence or carelessnesses use of my name or any photograms.	n of an event organizer relative to his event including but not limite known and understood by me. your accepting my entry, I/We, I ch, any of its officers, agents, volu or liabilities of any kind arising of ess on the part of the persons and phs, videotapes, recordings, med	o my/our ability to safely d to: falls, contact with other for all and anyone entitled to a nteers, assistants or employees out of my participation in this entities named in this waiver. ia releases and any other recon
I/We have read and accept the	Liability Waiver above:		
Print Name:			
Signature for all on this form: _			
Mail this form with payment to	: EChO PO Box 1515 Even	rgreen, CO 80437 or drop	at EChO Resale Store.
Names of Participants	Date of Birth	Tee Shirt Size	Run/Jog/Walk