



The 4th Annual 5K "Turkey Trot" Registration
 Form ****Please print legibly****
 & sign name below

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Age: _____ Gender: _____ T-Shirt Size: _____

Waiver: I attest I am physically fit and able to engage in strenuous activity and understand the risks of injury, loss or damage associated with participating in a 5K Run/Walk. In consideration of my participation in the 4th Annual 5K Turkey Trot, I hereby assume all risks of loss, damage or injury arising out of my participation in the event and hereby release, and hold harmless, for myself, my heirs and my personal and legal representatives, Daviess Community Hospital, WAMW, and all parties affiliated with the 4th Annual 5K Turkey Trot, and their respective officers, agents, representatives, volunteers, and employees from and against any claim or cause of action whatsoever arising out of or resulting from my participation in such event. I give my permission for the free use of my name and picture in any broadcast, telecast or print media account of this event. I also agree to obey all rules, exercise all safety precautions, and respect the property of others.

Signature: _____
 (Parent/guardian signature required if under age 18)

For "Early Bird" Registration, please mail check and registration form to:

Daviess Community Hospital 5K Event
 Attn: Cara Veale
 PO Box 760
 Washington, IN 47501

Make check payable to: Montgomery Turkey Trot

For questions about registration contact Cara Veale at 812-254-2760 x 1114 or cveale@dchosp.org

