

Turkey Trot 5K – Registration Form

Event Date: Thursday, November 27 • Start Time: 9:00 AM

Start/Finish Location: Cattaraugus Little Valley Central School 25 N Franklin St Cattaraugus

First Name:

Last Name:

Address:

City:

State:

ZIP:

Phone:

Email:

Date of Birth

Age on Race Day:

(MM/DD/YY):

Emergency Contact:

Phone:

T-Shirt (circle one): YS YM YL S M L XL 2XL (Guaranteed if registered by November 14)

Registration Fee: \$_____

Waiver & Release: I know that running or walking a road race is a potentially hazardous activity and that I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the event. I assume all risks associated with participating in this event, including but not limited to: falls, contact with other participants, effects of the weather (including cold, heat, and humidity), traffic and course conditions, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the event organizers, sponsors, municipalities, volunteers, and their representatives from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness. I grant permission to use my photographs, motion pictures, recordings, or any other record of this event for legitimate purposes.

Participant Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____

Bib #: _____

Payment Method: Cash ☐ Card ☐ Venmo

Amount Paid: \$_____

Received By: _____



Questions? Contact: Jess Schabloski or Amy Nagel | Email: jshabloski@clvschool.org or admin@48kids.com