




RUN. EAT. NAP.

Thanksgiving Day
11.22.18

Sponsored by 
Pike County Health Department
Home Health & Hospice

 **Registration 7a.m. - Race Begins 8a.m.**
Bowling Green High School
Course runs through downtown

 **\$25 per person**
Get your **FREE HOODIE** when
you register before **October 31st!**

 **For more information:**
www.pikecountyhealth.org
[facebook@bgpchd/events](https://www.facebook.com/bgpchd/events)
jshumacher@pikecountyhealth.org
573-324-2111

 **Trophy awarded to fastest male,
fastest female, and best TURKEY.**
Proceeds go to benefit PCHD's Public Health Initiatives.

REGISTER ONLINE at GetMeRegistered.com or fill out this form and send to 1 Healthcare Place Bowling Green, MO 63334

Name: _____ M/F: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____
DOB: _____

I will be participating in (circle one) **5K Run / 5K Walk**
Adult Hoodie Size (circle one): **S M L XL 2XL**
Youth Hoodie Size (circle one): **S M L XL**

Total amount for entry: \$ _____
Additional donation: \$ _____
Total amount enclosed: \$ _____
**Checks payable to PCHD*

I know that running/walking a race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decision of race officials relative to my ability to safely complete the run/walk. I assume all risks associated with running/walking in the Turkey Trot including, but not limited to: falls, contact with other participants, the effects of weather, including low temperatures, high heat and/or humidity, and conditions of the trail and all other 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 Pike County Health Department, Home Health & Hospice, the City of Bowling Green, all event sponsors, and their agents, all event volunteers, their representatives and successors 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 on the part of the persons names in this waiver. I grant permission to all the forgoing to use any photographs, motion pictures, video tape recordings or any record of this event for legitimate purposes. If I am under the age of 16, I am provided with adult supervision.

Signature: _____ Date: _____ **2018 Turkey Trot 5K Run/Walk**
(Parent or Guardian sign if under 16 years old.)