Turkey Trot

7TH ANNUAL PCHD 5K

THANKSGIVING MORNING
NOVEMBER 28.2024
$30 PER PERSON

Pike County Health Department
Home Health & Hospice
www.PikeCountyHealth.org
facebook@bgpchd
573-324-2111

- FREE HOODIE or LONG SLEEVE T-SHIRT when you register by Nov. 1st!
- TROPHIES AWARDED to fastest male, fastest female, and best TURKEY!
- A CHANCE TO WIN your entry fee back when you bring a donation for the Pike Co. Hope Center!
  (Mac & cheese, cereal or personal hygiene products)
- START at Bowling Green High School
- 7AM REGISTRATION - 8AM RACE BEGINS
- PROCEEDS go to benefit PCHD's Public Health Initiatives.
- QUESTIONS: Jennifer Schumacher, jschumacher@pikecountyhealth.org

REGISTER ONLINE NOW >>>
GetMeRegistered.com

ONE FORM PER PERSON PLEASE

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ DOB: _____ M/F: _____

Participation *(check one)*: __5K Run __5K Walk

FREE HOODIE/LONG SLEEVE T-SHIRT ONLY IF REGISTERED BY 11/1/24!

Shirt Style *(check one)*: __Hoodie __Long Sleeve T-Shirt

Adult Size *(check one)*: __S __M __L __XL __2XL

Youth Size *(check one)*: __S __M __L __XL

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: _____
(Parent or Guardian sign if under 16 years old.) Date: _____

2024 TURKEY TROT 5K RUN/WALK

Total amount for entry: $ 30.00
Additional donation: $_____
Total amount enclosed: $_____
**Checks payable/Mail to PCHD. 1 Healthcare Place, Bowling Green, MO 63334*