PCHD 8TH ANNUAL

TROT

TALK TO ME GOOSE

Pike County Health Department
Home Health & Hospice

$30/PERSON

8TH ANNUAL TURKEY TROT 5K RUN/WALK

THANKSGIVING MORNING NOV. 27, 2025

Bowling Green High School through Downtown Bowling Green

7am Registration - 8am Race Begins

FREE HOODIE OR LONG SLEEVE T-SHIRT — Pre-Register by Oct. 31

CHANCE TO WIN ENTRY FEE BACK — Bring donation for Pike Co. Hope Center
Mac & cheese, cereal or personal hygiene items

TROPHIES AWARDED — 1st 2nd 3rd Place : Male & Female
Best Dressed Turkey

SCAN TO PRE-REGISTER, LEARN MORE OR BECOME A SPONSOR

Proceeds to benefit Pike County Health Department Health Initiatives

Facebook@bgpchd
pikecountyhealth.org 573-324-2111
JENNIFER SCHUMACHER:
jschumacher@pikecountyhealth.org

8TH ANNUAL TURKEY TROT 5K RUN/WALK REGISTRATION FORM

NOV. 27, 2025

ONE FORM PER PERSON Participation: ___ 5K Run ___ 5K Walk

Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____ DOB: _____ M/F: ___

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: _____
(Parent or Guardian if under 16)

Shirt Choices *(if registered by Oct. 31)*

___ Hoodie ___ Long Sleeve T-Shirt
___ Adult ___ Youth
___ S ___ M ___ L ___ XL ___ 2XL

Payment

Entry Fee: $30.00
Additional Donation: $_____
Total Enclosed: $_____

Checks payable/mail to: PCHD 1 Healthcare Place, Bowling Green, MO 63334