



Thanksgiving Day, November 26 Runner/Walker Registration

8:30 a.m. - 5K ♦ 8:00 a.m. Kids Gobbler Trek
McKee Medical Center 2000 Boise Ave, Loveland



TURKEY TROT '09

Name _____ Age on Race Day _____ M _____ F _____
 Address _____ City _____
 State/Zip _____ Phone _____
 Email (to receive race updates) _____

T-Shirt: Adult - S M L XL XXL Youth - S M L 5K Run _____ 5K Walk _____ Bib# _____
office use

Other Family/Team member participants:

Name: _____	Age _____	M _____	F _____	_____ 5K Run _____	5K Walk _____	Bib# _____
T-Shirt: Adult - S M L XL XXL Youth - S M L						<small>office use</small>
Name: _____	Age _____	M _____	F _____	_____ 5K Run _____	5K Walk _____	Bib# _____
T-Shirt: Adult - S M L XL XXL Youth - S M L						<small>office use</small>
Name: _____	Age _____	M _____	F _____	_____ 5K Run _____	5K Walk _____	Bib# _____
T-Shirt: Adult - S M L XL XXL Youth - S M L						<small>office use</small>

Fees by 10am 11/25: Please make checks payable to: **McKee Foundation** and note "Turkey Trot" on the check.

♦Adults: \$25 ♦Kids 12 and Under 5K Only: \$13 ♦Team (3 or more runners): \$20 ea person **TEAM NAME:**

Fees Race Day: ♦Adults: \$30 ♦Kids 12 and Under: \$15 **Totals:** # _____ of Adults = \$ _____ AND # _____ of Kids = \$ _____
Gobbler Trek is FREE **Grand Total:** \$ _____

*Online Registration open until 10am 11/25.

Online fees: Adults: \$25, Kids \$13, Teams \$20 Active.com or McKeeFoundation.com

Visa/MasterCard _____ / _____ / _____ / _____ Exp. Date: _____ / _____ VCode _____

Printed name of cardholder Signature of cardholder

RACE RELEASE: In consideration of the above named persons' acceptance of this race entry, I/we, for myself, my heirs, executors, administrators and assigns, forever release and discharge any and all rights, demands, claims for damages and causes of suit or action known or unknown, that I/we may have against any and all participating special contributors and the directors, officers, employees, and agents of such parties, for any and all injuries in any manner arising or resulting from my/our participating in said race. I/we attest and verify that I/we have full knowledge of the risks involved in the race, that I/we assume those risks, that I/we will assume and pay my own medical and emergency expenses in the event of an accident, illness, or other incapacity, regardless of whether I/we have authorized such expenses, and that I/we am/are physically fit and sufficiently trained to participate in this race. If I/we do not follow the rules of this event, I/we understand I/we may be removed from the competition. I/we give my full permission to Loveland Turkey Trot and its affiliates to use any photographs, videos, or recordings of me/us that are made during this event.

(SIGNATURE OF PARTICIPANT OR PARENT/GUARDIAN IF UNDER 18)

DATE

McKee Medical Center Foundation, PO Box 830, Loveland, CO 80539 ♦ 1805 E 18th St, Ste 9, Loveland
(970) 593-6038 ♦ Fax: (970) 593-6065 ♦ McKeeFoundation.com

100% of proceeds benefit Banner Simulation System at McKee Medical Center