

# 2014 Attica Turkey Trot

## Charity 5K Walk/Run Registration Form

Proceeds to benefit Attica Food Pantry supported through A.S.K.

**November 27, 2014 \* Attica High School \* 9am, Rain or Shine**

**Registration Information:** Go online to Register and Pay [www.signmeup.com/103491](http://www.signmeup.com/103491) or Complete Paper Form and Mail to: Jeff Crane, 1248 E. Main St., Attica, IN 47918. **ONE REGISTRATION FORM PER PARTICIPANT.**

Name: \_\_\_\_\_ Male\_\_\_\_ Female\_\_\_\_

Street: \_\_\_\_\_ Age on Race Day \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Email \_\_\_\_\_

T-shirt Size (only guaranteed for those that register on or before November 13<sup>th</sup>)

Small\_\_\_\_, Medium\_\_\_\_, Large\_\_\_\_, XLarge\_\_\_\_, XXLLarge\_\_\_\_

### **Payment:**

Amnt Paid \_\_\_\_\_ (\$18 on or before 11/13, \$20 11/14 thru RACE DAY)

### **CHECKS ARE PAYABLE TO: Attica Turkey Trot**

**Waiver:** In consideration of the foregoing, I, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against any of the sponsors, organizers, City of Attica, Attica High School, Sam Crane, parents of Sam Crane for any and all claims of damages, demands or loss actions whatsoever which may arise as a result from participation in this event. I understand and acknowledge that participating in this run/walk event may expose me to dangers from both known and anticipated risks. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been verified by a licensed medical doctor. Further, I grant full permission to any and all of the foregoing to use my likeness for any legitimate purpose whatsoever.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's or Guardian's Signature if under age 18 \_\_\_\_\_ Date \_\_\_\_\_