

Trot For HOPE

2-Mile Fun Run/Walk on Thanksgiving Morning 2026

When: Thursday November 26, 2026 - 9am Tiny Tot Turkey Trot; 9:15 Trot for Hope

Location: Riverfront Park, Downtown Palatka, Florida

Ages: All ages welcome! Tiny Tot Turkey Trot intended for 10 and younger. Adults may accompany them for the race.

Registration: \$20 Trot for Hope pre-registered by Sept. 30, price increases to \$25 after Oct. 1
\$30 Day-of event Trot for Hope
\$10 Tiny Tot Turkey Trot

Amenities: T-shirt, goody bag while supplies last, finisher's medal, pre/post-race refreshments.

Race Check-In: Pre-Registered participants may check in and get t-shirts Wednesday November 25, 10am-2pm at Hope FM, 3419 St. Johns Avenue, Palatka. Race-Day Check-In/Registration: Thursday November 26, 8-9am at Riverfront Park.

- Trot for HOPE is a non-competitive, non- scored, fun, festive holiday event; be sure to look at the display clock when you finish for your time. Gather a team to make it more fun! Prize to be awarded for the largest team on race day.
- Availability and sizes of t-shirts not guaranteed but we will do our best to make sure you get one in your preferred size.
- Rain or shine. However, in the event of severe weather, emergency, or natural disaster, we reserve the right to cancel or postpone the race, and if so there will be no refunds.
- Online registration also available through runsignup.com, link available at whif.org. Questions? Call 386-325-3334.

2026 Trot for Hope Registration Form (please print)

Name: _____ **Event (circle one):** 2-Mile Kids Volunteer

Address: _____ **City:** _____ **St:** _____ **Zip:** _____

Email: _____ **Phone:** _____

Shirt size (circle one): YS YM YL S M L XL XXL XXXL (please add \$1 for XXL, \$2 for XXXL)

Team Name (optional): _____

WAIVER

I, the undersigned individual, desire to participate in the Trot For HOPE, on November 26, 2026. I hereby agree to RELEASE and HOLD HARMLESS RaceSmith, Inc. and the Officers, Directors, Agents and Employees of RaceSmith, Inc. and Putnam Radio Ministries, Inc. (Hope FM) from and against any and all rights, actions, causes of actions, suits, losses, damages, judgments, claims, claims of liabilities, cost and expenses of any kind as well as attorney's fees and court costs at trial and on appeal, of whatsoever kind or nature, to which RaceSmith, Inc. or Hope FM may be subjected to as a result of any death, personal injury or damage to property arising in any manner from my direct or indirect participation in the Trot For HOPE.

RELEASE: I FURTHER AGREE THAT THIS HOLD HARMLESS AGREEMENT SHALL APPLY IN THE EVENT I AM DISABLED, INJURED, OR INCUR DISEASE OF A TEMPORARY OR PERMANENT NATURE WHILE PARTICIPATING IN, OR DIE AS A RESULT OF PARTICIPATING IN THIS ACTIVITY, REGARDLESS OF THE CAUSE. I HEREBY RELEASE RACESMITH, INC. AND HOPE FM FROM ALL LIABILITY WHILE PARTICIPATING IN THIS ACTIVITY.

This agreement shall be binding upon my heirs, my personal representatives, assigns and me and shall be governed by the laws of the State of Florida. I have executed this Hold Harmless and Release with full knowledge of its terms and the consequences of my signing and executing the same. I do so freely and voluntarily without compulsion of any kind or nature.

I grant permission for this event's organizers to take pictures of me during this event and agree for this event to use any photos of me that may be taken during my participation. By providing my email address, I also grant permission to the race organizers to communicate with me via electronic mail. I understand that bicycles, skateboards, baby joggers, roller skates or blades, animals and radio headsets are not allowed in the race. I also understand that in the event that this race has to be cancelled or postponed, for any reason beyond the control of race management, my entry fee will not be refunded. By my signature, I attest that I am physically fit and well trained to participate in the Trot For HOPE.

Name: _____ **Signature:** _____ **Date:** _____

(Parent or guardian name and signature is required if participant is under 18 years of age)

Emergency Contact: _____ **Emergency Phone:** _____

Presented by:



To benefit:

