

Longmont Turkey Trot

10K & 2Mile

Saturday, November 10, 2018

Bib #

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ Gender (circle one): Male / Female

Birth Date: _____ Age on Race Day: _____ 10K Wheelchair Division (circle one): Yes / No

2018 Longmont Turkey Trot Waiver

Please read and accept the liability/release waivers below:

ADULT RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT

I understand that there are certain risks involved with participating in the City of Longmont activity identified above. I hereby RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS THE CITY OF LONGMONT, AND ITS OFFICERS, AGENTS, VOLUNTEERS, ASSISTANTS, AND EMPLOYEES, from any and every claim, demand or action of any kind arising due to bodily injury, illness, death and/or property damage resulting from any incident which may occur to me as a result of participating in the City's activities. This RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT does not apply if such injury, death or damage is caused by the willful or reckless actions or gross negligence of the City of Longmont, or its officers, agents, volunteers, assistants or employees.

MINOR CHILD RELEASE, LIABILITY WAIVER AND HOLD HARMLESS

I understand that there are certain risks involved with participating in the City of Longmont activity identified above. On behalf of my minor child identified below, I hereby RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS THE CITY OF LONGMONT, ITS OFFICERS, AGENTS, VOLUNTEERS, ASSISTANTS, AND EMPLOYEES, from any and every claim, demand or action of any kind arising due to bodily injury, illness, death and/or property damage resulting from any incident which may occur to my minor child as a result of my minor child's participating in the City's activities. This RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT does not apply if such injury, death or damage is caused by the willful, reckless or gross negligence of the City of Longmont, its officers, agents, volunteers, assistants or employees.

EMERGENCY MEDICAL AUTHORIZATION:

In the event of injury or illness, I give permission to the City of Longmont and its employees and volunteers to obtain emergency medical treatment for me and/or my child(ren)/ward(s). I agree to pay all reasonable expenses for medical and related treatment obtained for me and/or my child(ren)/ward(s) and further agree that the City of Longmont is not liable for payment of such expenses.

PHOTOGRAPH RELEASE

I permit the City of Longmont to take and use photographs of me and/or my child/ward for the purpose of promoting City of Longmont programs and activities. This includes permission to publish photographs of me and/or my child/ward for such purpose. I understand that such photographs of me and/or my child/ward remain the property of the City of Longmont.

<u>Printed Participant/Parent/Guardian Name</u>	Date	<u>Participant/Parent/Guardian Signature</u>	Date
---	------	--	------

Race shirt size (circle one): **Youth:** YM YL **Adult:** S M L XL XXL

Registration entry fee (circle one):	shirt no-shirt	shirt no-shirt
	10K Adult: \$31 \$26	10K Yth/Sr: \$27 \$22 (19 & under/ 60 & over)
	2Mile Adult: \$27 \$22	2Mile Yth/Sr: \$25 \$20 (19 & under/ 60 & over)

Total: \$ _____ **Paid:** Cash Check# _____

If you are paying for multiple people-- on the form that you put the TOTAL: write the other racer's names below:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Please fill out completely if paying with Credit Card. After registration is processed, this will be shredded.

Name on Card _____ Credit Card Type: _____

Billing Address: _____ CC # _____

Zip Code: _____ Expiration Date: _____ Security Code on Back: _____

Total Amount to be Charged: \$ _____