



November 18 • Fairview Park

Enter the 5K or 10K run, 5K recreational walk, or ½ mile Turkey Tot Trot in Fairview Park! Tot Trot includes a T-shirt and participation prizes. 5K and 10K races include computerized results and 3-deep awards per age group. Register by November 10 to guarantee a long-sleeved tech tee in the 5K, 10K, and walk. Purchase a Turkey Trot cotton beanie or stretch fleece headband for \$10 each (must be ordered by November 10). Call Gabby Cliff at 429-7750 with any questions.

Register online at Active.com or mail your application & fee by November 10 to Decatur Indoor Sports Center, 1295 W. Wood, Decatur, IL 62522, or call 429-3472.

Race Time:

Tot Trot at 7:30 a.m. / Races and Walk begin at 8 a.m.

Fee:

**Tot Trot, \$16 by November 17; \$21 on race day
Race/Walk, \$26 by November 17; \$31 on race day
(Register by November 10 to guarantee a shirt)**

Packet Pick-Up:

Friday, November 17 from 4 - 6 p.m. at Fairview Park Pavilion #1

Race Day Registration:

6:45 - 7:30 a.m. at Fairview Park Pavilion #1



2017 Turkey Trot Run/Walk/Tot Trot Registration Form

Check Tot Trot T-Shirt Size: YS YM YL YXL

Check Turkey Trot Long-Sleeved Tech Tee Size: S M L XL XXL

Cotton Beanie Stretch Fleece Headband

Name _____ Age _____ Birthdate _____

Street _____ City _____ State _____ Zip _____

Phone _____ Male Female

Visa/Mastercard/Discover/Am. Express # (Pre-registration only) _____

Signature _____ Exp. Date _____ CVV# _____

Email _____

Would you like to be added to the Park District's mailing list? Yes No _____

1/2 MILE TURKEY TOT TROT

Check here for Tot Trot and sign waiver on back.

5K WALK

Check here for 5K walk and sign waiver on back.

MEN'S 5K RUN

8U 9-11 12-14 15-19 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70 +

MEN'S 10K RUN

8U 9-11 12-14 15-19 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70 +

WOMEN'S 5K RUN

8U 9-11 12-14 15-19 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70 +

WOMEN'S 10K RUN

8U 9-11 12-14 15-19 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70 +

---SIGN WAIVER ON BACK---



Decatur
• PARK DISTRICT •

620 E. Riverside Avenue
Decatur, IL 62521

In accordance with the Americans with Disabilities Act, does registrant require any special accommodations or assistance for enjoyment of the program?

Yes No If yes, please describe: _____

PHOTO: I understand that my child/ward or I may be photographed or videotaped while participating in a Decatur Park District program. I give permission for photos and videotapes of my child/ward or me to be used to promote the Park District. Such photos and videotapes will remain the property of the Decatur Park District.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program(s), you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program(s) (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program(s), and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program(s) against the Decatur Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "Decatur Park District").

I do hereby fully release and forever discharge the Decatur Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

I have read and fully understand the above waiver and release of all claims and assumption of risk. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect and an original form signature.

Signature _____ Date _____

(18 years or older or Parent/Guardian)

NOTE: The Decatur Park District does not carry medical or accident insurance for its participants. The cost of such insurance would make programs cost prohibitive. We suggest that you look at your own insurance policy to be sure you are adequately covered. The Park District assumes no responsibility for personal injuries or loss of personal property.