

Registration

	5K	10K	High School	Age 2 - 9 Kids Race
Pre-Race	\$20	\$25	\$10	\$5
Race Day	\$25	\$30	\$10	\$5

Online/Credit Card:

Register at RunMiami.com until 4 PM on Nov. 25, 2009.

By Mail:

Fill out application form completely (both sides) and mail with check or money order to:

US Road Sports & Entertainment of Florida, LLC
C/O Turkey Trot 5K/10K
PO Box 56-1081
Miami, FL 33256

In Person:

You can register before the race in person at Footworks in South Miami during store hours ONLY until 4 PM, Nov. 25, 2009.

Last Name:

First Name:

Date of Birth: / / Age:

Cell Phone:

Email:

Address:

Apt/Unit: Zip:

City: State:

Sex: M F

T-Shirt Size: S M L XL 2XL

Wheelchair: Y N

School Team Name:
(if applicable)

Participant Signature

Parent/Guardian Signature (if applicable)

Liability Waiver

I understand that participating in this event is potentially hazardous and I should not enter or participate unless I am physically able and properly trained. In consideration of the acceptance of my entry, I hereby assume full responsibility for the risk of any injury or accident, recognizing the potential for serious physical trauma, injury or death, and I elect to voluntarily compete in the event knowing and assuming such risks. I, for myself and my heirs and executors, hereby release and forever discharge US Road Sports & Entertainment of Florida, LLC, US Road Sports & Entertainment Group, Miami-Dade County, Miami-Dade County Parks & Recreation, USATF, all municipal agencies and other persons or entities associated with the event, and each of their respective employees, agents, volunteers, representatives and affiliates (the "Releasees"), from all liabilities, claims, actions or damages that I may have against them arising out of or in any way connected with my participation in the event. I grant permission to each of the foregoing to use my name, photographs, videotapes, motion pictures, and other media of any kind or any other record of the event for any legitimate purpose, including promotional efforts of any kind, without compensation to me. I acknowledge that the entry fee is non-refundable and non-transferable. I acknowledge that the event organizers have the right to alter, change, cancel and/or postpone the event in their sole discretion. I warrant that all statements made in this release agreement are true and correct and I understand that the Releasees have relied on them in allowing me to participate in the event. I HAVE READ THE FOREGOING, UNDERSTAND ITS CONTENTS AND INTENTIONALLY AND VOLUNTARILY CERTIFY COMPLIANCE BY ACCEPTING THIS WAIVER.

Participant Name (Please Print)

Signature of Participant Date

IF THE PARTICIPANT IS UNDER THE AGE OF 18: I, as the parent or guardian of the above named minor, give my permission for my child or ward to participate in the event, and further agree individually on behalf of my child or ward, to the terms above. I further certify that my child/ward is in good physical condition and is able to safely participate in the event. I hereby authorize medical treatment for him/her and grant access to my child/ward's medical records as necessary.

Parent/Guardian Name (Please Print)

Signature of Parent/Guardian Date
(required if participant in under 18)