

Turkey Trot 5K



Formerly the Spartan Alumni Turkey Trot 5K
Now benefiting **The MIP Foundation**

THANKSGIVING Day

THURSDAY - NOVEMBER 28, 2019

Registration begins 8 AM Fort Washington State Park, Parking Lot #3
Race Starts 8:30 AM 420 Militia Hill Rd., Ft Washington, PA 19034

\$25 Registration thru Nov 15th - \$30 After Nov 15th

Race timed by Pretzel City Sports

Prizes awarded for 1st Place Male and Female Finishers

And Top winners in Age groups 13&Under, 14-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+



To Register:

- Scan QR Code with phone camera to go to Active.com
- Go to Active.com – Search for “The MIP Foundation Turkey Trot 5K”
- Or mail completed form below to: PO Box 326, Oreland, PA 19075

Any issues or questions – please email TurkeyTrot.TheMIPFoundation@gmail.com

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Cell#: _____

Gender: M F Age on Race Day: _____ Birthdate: ____ / ____ / ____

Shirt Size: A-Small A-Medium A-Large A-XLarge A-XXLarge No Thanks/No Shirt

Wavier/Release: I, individually and on behalf of my minor child(ren), hereby acknowledge and understand that participation in the Turkey Trot 5K is a potentially dangerous activity. I recognize that I should not enter/participate unless I am medically able and properly trained. I agree to abide by the decision of any event official relative to my ability to safely complete the course. I the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors, and administration, waive and release any and all rights and claims for damages, and hold harmless, the organizers, the presenting organization (The MIP Foundation) and any co-sponsors, their representatives, successors, agents, servants or employees, and assignees for any and all injuries suffered by me in said run. I give The MIP Foundation permission to use photos that may include myself for any legitimate purpose. I understand that if the event can not be held due to an act of God or circumstances beyond control, the organizer is not liable to refund any money paid by me to participate, and will be considered a tax-deductible donation to The MIP Foundation.

Signature: _____ **Date:** _____

(Parent or Guardian for participants under 18 years)