



Olivette's Turkey Trot Nov 22, 8AM



one form per participant

Join friends and neighbors for the **Olivette 5th Annual Turkey Trot**. This 5k run/walk is about fun, community, and helping those in need.

All proceeds benefit the **Harvey Kornblum Jewish Food Pantry**. Serving over 6,500 people each month.

- *Long-sleeve t-shirts
- *Chip-timing
- *Overall & age division awards
- *Free beer at end of race

Starting and ending at **Stacy Park** the race begins at **8:00am**. Packet pickup Nov 20 from 8am – 7pm & Nov 21 8am—5pm at the **Olivette City Center**. Pickup Nov 22 starting at 7:00am at **Stacy Park**.

\$20 for those 20 yrs & older; **\$12** for those 19 & under. (\$25 and \$15 after Nov 2). **\$7.50** for the **Olivette Turkey Trot Beanie**.

Credit cards register on-line (<https://register.chronotrack.com/r/31536>) OR Cash/Checks

First Name: _____ Last Name: _____

Date of Birth (MM/DD/YR): _____ Gender: _____ Phone: _____

Email: _____ Street: _____

Zip Code: _____ City: _____ State: _____

Emergency Contact Name: _____ Friend or Family: _____

Emergency Contact Phone: _____

Size T-Shirt (XS, S,M, L, XL , XXL or Youth S, Youth M, Youth L) _____ Olivette Turkey Trot Beanie _____ (indicate #) @\$7.50 ea

Payment \$20 (After November 2, \$25): Age 19 and under \$12; (After November 2, \$15) Check or Cash (for credit cards enter online):

RELEASE FOR PARTICIPANT (BY PARENT) - In consideration of your accepting either me or my child's entry, I hereby, for myself, my children, my heirs, executors and administrators, waive and release any and all rights and claims I or my child may have against the City of Olivette, Big River Running Company, Big River Race Management, any and all sponsors or contractors, their representatives, successors and assigns for any and all injuries suffered during the activity described above. I understand that such activities are potentially dangerous, and that injuries or even death can occur. WARNING - Some activities involve risk of injury and physical exertion. You should consult with your physician to make sure you are physically able and capable of participating in these activities. ACCEPTANCE

OF WAIVER -

Signature: _____ Date: _____

Mail completed form and payment to: Olivette Turkey Trot, Olivette City Center, 1140 Dielman Rd, Olivette MO 63132