Turkey Dash 5K Run/Walk

November 23, 2019 @ 10 AM

Pure North Athletic Center

Libby, MT

Proceeds go to Libby Food Bank and Kootenai Pets for Life.

Name: _____ Age on race day: _____   M_____F_____

Address: _____City: _____ State: _____ Zip: _____

Phone #: _____   Email: _____

Registration includes T-shirt (unisex sizes)

Adult: S_____ M_____ L_____ XL _____ XXL _____   Youth: S_____ M_____ L_____ XL _____

Race Fees: ( ) $5 Add on for each dog $_____

( ) $25   Adult Registration   Until Nov 16, 2019

( ) $20   Youth (12 and under) Registration   Until Nov 16, 2019

( ) $30   Adult Late Registration   After Nov 16, 2019

( ) $25   Youth (12 and under) Late Registration   After Nov 16, 2019

Family discount: First 3 people pay full price, additional family members receive $5 discount. Example, Dad ($25), Mom ($25), 16 year old ($25), 13 year old ($25-$5=$20), 11 year old ($20-$5=$15).

Make checks payable to: Stacey Cosgriff
Drop off at: Pure North Athletic Club 952 E. Spruce St., Libby, MT
OR mail to: Turkey Dash, PO Box 843, Libby, MT 59923

Waiver: I know that participation in this walk/run is potentially hazardous. I should not enter unless I am medically able and properly trained. I also assume any and all risks associated with this event. I acknowledge that I am participating in the 5k at my own risk. In consideration of acceptance of this contract allowing my participation in the above stated event and intending to be legally bound thereby, I hereby, for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, WAIVE AND RELEASE any and all rights and claims for negligence, injuries, damages or losses that may incur against the organizers, race sponsors, and/or any agents authorized by them for any purpose. This release and waiver extends to all claims of every kind or nature, whatsoever, foreseen or unforeseen, known or unknown. I grant permission to all the foregoing to use any photographs, motion picture, recordings, or any other record of this event for any legitimate purpose.

Signature:_____ Date: _____
(Parent if under 18 years)