

Steele Memorial Medical Center Turkey Trot Registration 2021

Thursday, November 25, 2021 (Thanksgiving Day)

Runner 1 _____ DOB ____/____/____ **Runner 2** _____ DOB ____/____/____
Runner 3 _____ DOB ____/____/____ **Runner 4** _____ DOB ____/____/____
 Address _____
 City _____ State _____ Zip _____ Cell phone(____) _____
 *Email _____ Opt out of email

5K/1Mile Run/Walk – Check In 9:30-9:45a.m. – RACE STARTS at 10:00 a.m.

Fees: _____ **No Shirt- FREE**
 _____ **\$15.00** Adult Early Registration (must be received by November 16th to guarantee t-shirt)
 (\$20.00 after November 16th)
 _____ **\$10.00** Child 18 years and under, Early Registration (must be received by November 16th to
 guarantee t-shirt) (\$15.00 after November 16th)

Adult Men's Shirt Size (leave blank if you do not want a shirt)
 ____ Small ____ Medium ____ Large ____ X-Large ____ XX-Large(add \$2.00)
 ____ Youth Small(4-6) ____ Youth Medium(6-8) ____ Youth Large(8-10)

Fees must accompany Registration Form. **Make checks payable to Steele Memorial Medical Center-Turkey Trot.**
 Drop or mail registration form to:
Steele Memorial Medical Center, Attn: Jenny Tracy, 203 S. Daisy St. Salmon, ID 83467

- Entry Fees are non-refundable.
- Shirt pick-up available on Wednesday, November 24th from 11:00 to 3:00 at Steele Memorial Clinic, or City Park on race day.

ENTRANT'S RELEASE: Entry invalid if not signed. In consideration of the acceptance of this registration entry, I, the undersigned, assume full and complete responsibility for any injury or accident, which may occur during my participation in the event, or while I am on the premises of this event. I hereby release and hold harmless the sponsors, promoters, contributors, and all other persons and entities associated with this event and their agents or employees from any and all injury or damage whether such injury or damage be caused by negligence, the gross negligence, or misrepresentation of the sponsors, promoters, contributors, or any other person or entity associated directly or indirectly with the event or their agents or employees. I will not enter or participate unless medically able and properly trained. I assume the risk associated with this event, including but not limited to extreme cold and/or humidity, and the conditions of the roads, all such risks being known and appreciated by me. Fees are non-refundable. I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, motion picture, recordings, or any other record of the event. I have read the foregoing and certify my agreement or my parent's or guardian's if under 18 years of age. All Participants must sign a release form.

Same Day Registration Salmon City Park 9:30-9:45
 No shirts available for same day registration
Participants may run at no charge if you do not want a shirt
 But must sign registration form

Runner's Signature _____	Date _____	(If runner is a minor) Parent/Guardian Signature _____	Date _____
Runner's Signature _____	Date _____	(If runner is a minor) Parent/Guardian Signature _____	Date _____