



Third Annual 5K Run/Walk

Salmen Turkey Trot

NOVEMBER 5, 2016

Race Time: 9:00 AM

AGE GROUPS:

18 and under male/female	40-49 male/female
19-29 male/female	50-59 male/female
30-39 male/female	60 and above male/female

AWARDS: The winner of each age and gender will receive a medal.

COST: \$5.00 to run, **NO T-Shirt. Pre-registration**

\$10.00 for pre-registration with T-Shirt.

\$15.00 day of registration with T-Shirt while supplies last.

Payments: Cash or money orders Only. A donation will be made to The Wounded Warrior Project.

PACKET PICKUP: Race day only.

REGISTRATION: Go to Salmen's web site and down-load the form salmenhigh.stpsb.org

CONTACT: Jean Windhorst jean.windhorst@stpsb.org

Third Annual Salmen Turkey Trot

Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____ E-Mail: _____

Gender: M F Age on Race Day: _____ D.O. B. _____

Adult T- shirt size: S M L XL XXL Youth: S M L XL

Register me for: One entry per form: _____ 5K (\$5.00 race only \$10.00 pre w/T-S, \$15.00 on race day w/ T-S)

You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against Salmen High School and/or including any persons involved with this activity.

I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

PLEASE PRINT

Participant's Name

Participant's Signature or Signature of parent/guardian under 18

Date _____

Money Orders payable to: **Salmen High School**

Mail to: Salmen High School c/o Turkey Trot 300 Spartan Dr. Slidell, LA. 70458