



2017 IRIS Turkey Trot

Presented by southernminnSCENE.com

5K Walk, 5K & 10K Run, Gobble Wobble & Tot Trot

All proceeds benefit Infants Remembered In Silence, Inc. (IRIS), a 501(c)3 nonprofit organization

Will be held regardless of weather conditions!

Turkey Trot Registration

Due to IRIS Office by 11:59 pm on November 9, 2017

Name: _____ Birth date: _____ Age: _____ Gender: M F

Address: _____ City: _____ Zip: _____

Cell Phone: _____ E-mail: _____

Emergency Contact Name & Number: _____

Walking/Running in Memory Of: _____

Please add me to the Team: _____

I approve of receiving SMS, text, or Facebook messages regarding the Turkey Trot

Event	Age	Non-refundable Fee	Total																		
5K Walk	Adult (ages 12+)	\$35																			
5K Run	Adult (ages 12+)	\$35																			
10K Run	Adult (All Ages)	\$40																			
Tot Trot	Ages 0 – 4	\$15																			
Gobble Wobble	Ages 5 – 10	\$15																			
5K Walk	Youth (ages 0 - 12)	\$20																			
5K Run	Youth (ages 0 - 12)	\$20																			
Virtual Events	All Ages - All Events	\$35																			
Please Circle Shirt Size			Donation:																		
<table border="1"> <tr> <td colspan="4">Youth Sizes</td> <td colspan="4">Adult Sizes</td> </tr> <tr> <td>XS</td> <td>S</td> <td>M</td> <td>L</td> <td>S</td> <td>M</td> <td>L</td> <td>XL</td> <td>XXL</td> <td>XXXL</td> </tr> </table>			Youth Sizes				Adult Sizes				XS	S	M	L	S	M	L	XL	XXL	XXXL	Total Due:
Youth Sizes				Adult Sizes																	
XS	S	M	L	S	M	L	XL	XXL	XXXL												

WAIVER AND RELEASE – PLEASE READ AND SIGN

I know that running/walking are potentially harmful activities. I certify I am medically able and properly trained to participate in this IRIS Turkey Trot Run/Walk. I agree to abide by any decision of an event organizer as to my ability to safely complete the run/walk. I assume all risks associated with running/walking in this event, including but not limited to: falls, contact with other participants, the effects of the weather, conditions of the course, all such risks being known and appreciated by me. Having read this waiver and release, knowing these facts, and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Infants Remembered in Silence, Inc. (IRIS) and Faribault Public Schools, together with their employees, agents, affiliates, race officials, event sponsors and volunteers, from any and all claims or liabilities of any kind arising out of my participation in this event, even though such claim or liability may arise from the negligence of these organizations, their employees, agents, affiliates, race officials, event sponsors or volunteers. I grant permission to IRIS, its employees, agents, affiliates, and event sponsors to use my name, likeness and identity in any photos, videos, or recordings of this event, in perpetuity, for legitimate promotional purposes.

Signature (Parent or Guardian if under 18) _____ **Date:** _____

- Make checks payable to and mail to: IRIS, 218 NW 3rd Ave., Faribault, MN 55021

Office Use: