

Wobble and Gobble Thanksgiving Day 5K Registration

Participant Information

Name: _____

Phone: _____

Email: _____

Age on Race Day: _____

Please Circle One

Male | Female

T-Shirt Size: S M L XL

Emergency Contact

Name & Relation: _____

Phone: _____



Do we have your permission to use any photographs or any other record of this event for any legitimate purpose including future advertising without monetary payment? Yes No

Assumption of Risk, Waiver of Liability and Indemnity Agreement

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Participant's Signature

Printed Name

Date Signed _____

Signature of Parent or Legal Guardian signing as agent of a minor: _____

Date: _____

