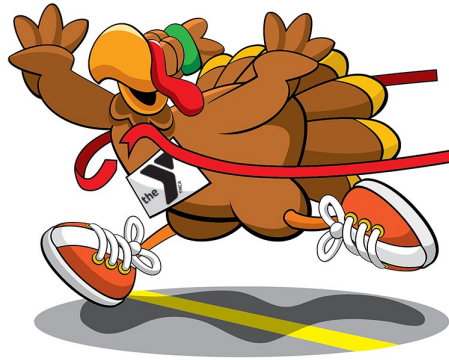




FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**REGISTER
ONLINE!**
www.MCYMCA.com/Register

THANKSGIVING DAY "Turkey Trot"



EVENT: The 27th Annual Thanksgiving Day "Turkey Trot" presented by the Fareway & Hy-Vee Stores of Red Oak, Red Oak Glass, Inc., Orme Outdoor and the Montgomery County Family YMCA. Participants can enter one of three events - 5 mile run, 2 mile run or 2 mile walk

WHEN: Thursday, November 25th (Thanksgiving morning)

WHERE: Race will begin and end at the Pavilion in Chautauqua Park by the Big Orange Red Oak Water Tower. Parking is available in the Bethlehem Lutheran Church parking lot adjacent to the park.

5-Mile Route: <https://www.mapmyrun.com/routes/view/3427050040>

2-Mile Route: <https://www.mapmyrun.com/routes/view/3427113637>

TIME: Race begins at 8 a.m. for all events.

ENTRY FEE: MUST BE RECEIVED BY OCTOBER 30TH TO GUARANTEE RACE SWAG

\$20.00 – if registered by November 16th

\$25.00 – November 17th – Race Day

YOU CAN NOW REGISTER ONLINE AT WWW.MCYMCA.COM/REGISTER

DIVISIONS: (Walkers are not eligible for age division awards, but are eligible for door prizes.)

<u>Male - 2 Mile</u>	<u>Male - 5 Mile</u>	<u>Female - 2 Mile</u>	<u>Female - 5 Mile</u>
12 & under	12 & under	12 & under	12 & under
13 - 18 age	13 - 18 age	13 - 18 age	13 - 18 age
19 - 29 age	19 - 29 age	19 - 29 age	19 - 29 age
30 - 39 age	30 - 39 age	30 - 39 age	30 - 39 age
40 - 49 age	40 - 49 age	40 - 49 age	40 - 49 age
50 - 59 age	50 - 59 age	50 - 59 age	50 - 59 age
60 & above	60 & above	60 & above	60 & above

DIVISION WINNERS: Will receive either a Hy-Vee of Red Oak Free Turkey Certificate -OR- a Fareway \$15.00 Gift Card.

Everyone be sure to stick around after the race as raffle prizes will be drawn!

FOR MORE INFORMATION: Contact the YMCA at (712) 623-2161.



27TH ANNUAL TURKEY TROT

If registering the day of the race, please show up forty-five (45) minutes early. If you have any questions, please call the YMCA at 712/623-2161. Return form to Montgomery County Family YMCA, 101 E Cherry Street, Red Oak, Iowa 51566!

Participant's Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Home #: _____ / _____ - _____ Alternate #: _____ / _____ - _____
 Email: _____ Age (on race day) _____ Date of Birth: ___/___/___

CHECK THE APPROPRIATE BOX:

<u>Male</u> - 2 Mile Run	<u>Male</u> - 5 Mile Run	<u>Female</u> - 2 Mile Run	<u>Female</u> - 5 Mile Run
<input type="checkbox"/> 12 & under	<input type="checkbox"/> 12 & under	<input type="checkbox"/> 12 & under	<input type="checkbox"/> 12 & under
<input type="checkbox"/> 13 - 18 age	<input type="checkbox"/> 13 - 18 age	<input type="checkbox"/> 13 - 18 age	<input type="checkbox"/> 13 - 18 age
<input type="checkbox"/> 19 - 29 age	<input type="checkbox"/> 19 - 29 age	<input type="checkbox"/> 19 - 29 age	<input type="checkbox"/> 19 - 29 age
<input type="checkbox"/> 30 - 39 age	<input type="checkbox"/> 30 - 39 age	<input type="checkbox"/> 30 - 39 age	<input type="checkbox"/> 30 - 39 age
<input type="checkbox"/> 40 - 49 age	<input type="checkbox"/> 40 - 49 age	<input type="checkbox"/> 40 - 49 age	<input type="checkbox"/> 40 - 49 age
<input type="checkbox"/> 50 - 59 age	<input type="checkbox"/> 50 - 59 age	<input type="checkbox"/> 50 - 59 age	<input type="checkbox"/> 50 - 59 age
<input type="checkbox"/> 60 & above	<input type="checkbox"/> 60 & above	<input type="checkbox"/> 60 & above	<input type="checkbox"/> 60 & above

2 Mile Walk (no division for the walk)

ENTRY FEE: MUST BE RECEIVED BY OCTOBER 30TH TO GUARANTEE RACE SWAG

\$20.00 – if registered by November 16th
 \$25.00 – November 17 – through Race Day
 FREE – MCMH "TAKE 12" Participant (No race swag & Ineligible for division awards)

CONSENT TO PARTICIPATE

THE UNDERSIGNED _____, with understanding of the potential risks of injury or illness by reason of participation in the following activity: **Turkey Trot Run/Walk** does hereby consent to participate in the activity.

The potential risk of participation includes risk of injury or illness from contact with other participants and contact with or use of equipment used in the activity.

The undersigned affirms that by signing this consent the person understands that participation in the activity is voluntary and that the person is free at any time to stop participation.

By this consent and with participation in the activity, the undersigned voluntarily accepts the risk of injury by reason of participation in the activity.

The undersigned also releases the YMCA, now and for all time, to take and use any video/film/footage/recording/photo/narrative taken of the me while in participation of said program for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business use without any compensation to, and/or claim, by me.

THE UNDERSIGNED provides the following contact information to obtain consent to treat the undersigned in the event of injury or illness during participation:

Name	Address	Telephone No.
-------------	----------------	----------------------

If the contact person named above cannot be reached, the undersigned gives consent for supervisory staff to provide necessary and reasonable emergency medical care and treatment and further treatment by a licensed professional caregiver as the case may be.

Participant's Signature <i>(Parent/Guardian if under age 18)</i>	Print Name	Date
---	-------------------	-------------

