



**ADMIN USE ONLY:**  
**BIB #:** \_\_\_\_\_

# 2019 Registration Form

Please print clearly and fill out the form in its entirety

Name (first, middle and last) \_\_\_\_\_

Home Address \_\_\_\_\_ Apt/Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers \_\_\_\_\_  
(Please include area codes) Daytime Evening

Email \_\_\_\_\_ Gender: Male ( ) Female ( ) Birthdate: \_\_\_/\_\_\_/\_\_\_ Age \_\_\_  
MM/ DD/ YYYY

Event:

\_\_\_\_\_ 5K Run/Walk \_\_\_\_\_ Kids' Dash (10 & Under) - \$15.00

\_\_\_\_\_ Race Shirt (included in registration) \_\_\_\_\_ Dri-Fit Performance Shirt - \$5.00

T-shirt Size: Youth S ( ) Youth M ( ) Youth L ( ) XS ( ) S ( ) M ( ) L ( ) XL ( ) XXL ( )

**Late Registration:** \$45 all ages & all categories (cash or check only)

**Day of Registration:** \$50 all ages & all categories (cash or check only)

## PAYMENT

Cash Amount: \$ \_\_\_\_\_

Check (made payable to Ft. Lauderdale Turkey Trot) Amount: \$ \_\_\_\_\_

Credit Amount: \$ \_\_\_\_\_

**Come rain or shine. No refunds will be issued.**

**Permission to Participate & Release of Claims**

In consideration of acceptance of entry to participate in this event, I hereby, for myself, my heirs, my executors and administrators, waive any and all rights and claims for illness, injuries, or damages I may have against MedPro Healthcare Staffing and Leadership Broward Foundation, Inc., and their officers, directors and employees, volunteers, agents, sponsors, or affiliates. None of the above will be held responsible for loss of personal items, nor any form of aggravation in connection with this event. I fully understand that my participation is a completely voluntary undertaking of my own choosing and I fully understand that in doing so I assume full responsibility for all damages, or injuries incurred by me in connection with this event.

I also give my permission for the free use of my name, photographs or video in any broadcast or print/video account or reproduction of this event. I am in proper physical condition to participate in this event.

I certify that I have carefully read this waiver/release and know the contents.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Medical History**

All of this information is kept confidential and will only be shared with the medical professional attending the event. It is extremely important that you list all current allergies to medication and or foods, along with any over the counter or prescription medications.

Do you have any health conditions that may limit your participation? **YES or NO** If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact**

\_\_\_\_\_  
First & Last Name                      Relationship                      Phone Number

By signing below, I affirm that I have answered all questions truthfully. I understand that if any portion of this application is found to be intentionally false, I may be denied the right to participate in the Ft. Lauderdale Turkey Trot.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date