



10K Run & Walk/McDonald's Half-K Kids Run

Thursday, Nov. 23, 2017 at 9am @ Paul Brown Stadium

You can also register online at: www.GetMeRegistered.com/ThanksgivingDayRace

Name _____ Gender: M F
Street _____ City _____
State _____ Zip _____ Phone _____
Email _____ **Important:** Age on Race Day _____

Enclosed is my entry fee:

- \$38** 10K registration fee - paper application (postmarked by Friday, November 10, 2017)
- \$10** McDonald's Half-K Kids Run: Ages 9-12
w/youth shirt registration fee - paper application (postmarked by Friday, November 10, 2017)

I am selecting these options:

- \$20** Limited edition long-sleeve high-tech t-shirt
Men's size: S M L XL
Women's size: XS S M L
- included** Performance Short Sleeve Youth t-shirt w/McDonald's Half_K Kids Run only - while supplies last
Youth size: YXS YS YM YL
- \$6.50** Mail-to-your-home (number, bib tag, and t-shirt) mailed to you by November 10th;
(entry must be postmarked by October 28th, 2017)

Make check payable to: Thanksgiving Day Race
Mail to: End Result, PO Box 3907, Carmel, IN 46082
(must be postmarked by November 10, 2017)

I hereby certify that I have carefully read, understand and agree to the Entry Form and the Terms and Conditions published by the Thanksgiving Day Race (TDR). In consideration of the acceptance of my entry and my participation in the TDR, I, for myself, my heirs and assigns do hereby release the TDR, On Your Feet, the Cities of Cincinnati, Covington and Newport, all sponsors, volunteers, and staff together with their subsidiaries, successors, heirs, contractors, subcontractors, agents, attorneys, and representatives from all claims of liabilities of any kind and character whatsoever arising from my participation in the TDR. I attest and verify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate in this event. I consent to the use of my image in photos, video and audio recording, of my participation in the TDR. I understand entry fees are non-refundable.

Signature _____ Date _____
Parent's Signature (if applicable) _____ Date _____
In case of medical emergency, Contact _____ Phone _____