



**WESTERN & SOUTHERN**  
**THANKSGIVING DAY 10K Run/Walk & INNER FIRE FITNESS Kids Run**  
**Thursday, Nov. 22, 2018 at 9am @ Paul Brown Stadium**

You can also register online at: [www.GetMeRegistered.com/ThanksgivingDayRace](http://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 09, 2018)
- \$10** Kids Fun Run – 3/8 mile: Ages 5-10  
w/youth shirt registration fee - paper application (postmarked by Friday, November 09, 2018)

I am selecting these options:

- \$25** Quarter-Zip, High-Tech Pullover (reg. \$42) - while supplies last  
Size: S M L XL 2XL
- included** Performance Short Sleeve Youth t-shirt w/Kids Fun Run only - while supplies last  
Youth size: YS YM YL

**Make check payable to: Thanksgiving Day Race**  
**Mail to: End Result, PO Box 3907, Carmel, IN 46082**  
**(must be postmarked by November 09, 2018)**

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 \_\_\_\_\_