



(ONE RUNNER PER ENTRY FORM)

Bib # (official use only)

48th Annual Garden City Turkey Trot Thursday, November 27, 2025



Proceeds to benefit:

and

and

===== **OFFICIAL LATE ENTRY FORM** =====

→ **SAVE MONEY** next year by registering in advance online at www.gcturkeytrot.com

RACE CHOICE: ☐ 5 mile 10:00am ☐ 1.4 mile (Fun Run) 9:30am ☐ Challenger Division 9:00am
(check one)

ENTRY FEE: • 5 Mile - \$45

Race Entry Fee: \$ _____

**Cash or
Checks Only!!**

• 1.4 Mile (Fun Run) - \$25

Additional Donation to LLS: \$ _____

• Challenger Division* – FREE!

Additional Donation to MDA: \$ _____

*The Challenger Division is for physically challenged athletes

Additional Donation to INN: \$ _____

MAKE CHECKS PAYABLE TO "GC TURKEY TROT"

TOTAL: \$ _____

PARTICIPANT INFORMATION: * PLEASE PRINT *****

(if <18, parent signs below)

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First Name

Last Name

Age

Sex
(M/F)

Zip Code

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Cell Phone # (so we can text you your race results and photos!)

In consideration of the acceptance of my race entry (or the race entry of my child who is under the age 18) (collectively referred to as the "Releasors") the Releasors assume full and complete responsibility for any injury or accident which may occur to me (or my child who is under the age of 18) while traveling to or from the event, during the event, or while on the premises of the event. Releasors are also aware of and assume all risks associated with participating in this event, including but not limited to falls, contact with other participants, effect of weather, traffic, and conditions of the road. Releasors, for themselves, their heirs and executors, hereby FOREVER WAIVE, RELEASE AND DISCHARGE the event organizers, sponsors, promoters, beneficiaries, the Turkey Trot Race Committee, Inc., the Incorporated Village of Garden City and its Police, Fire and Recreation Departments, elitefeats, Inc., USA Track & Field, the Muscular Dystrophy Association, Inc., the Leukemia & Lymphoma Society, The INN, and each of their respective directors, officers, members, employees, agents, chapters, assignees, licensees, volunteers and any cooperating entities, their representatives, heirs, executors, administrators, successors and assigns (collectively the "Released Parties") from ANY AND ALL LIABILITIES, CLAIMS, ACTIONS, OR DAMAGES OF ANY NATURE that Releasors may have against them arising out of or in any way connected with my/our participation in this event. I understand that this waiver includes any claims, whether caused by any type of negligence, the action or inaction of any of the above parties, or otherwise. I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE any of the Released Parties in connection with the event. By signing this document, I certify that I have read this document and fully understand it, and that I am not relying on any statements or representations of any of the Released Parties. This document shall be binding upon on me, my (my children's) heirs, executors, administrators, assigns and all legal guardians (of my child).

Signature of Participant
if Participant is Over 18

Date

Signature of Parent or Legal Guardian
if Participant is Under 18*

Date

* I affirm that I am the parent or legal guardian of the above participant and that I have full authority to authorize his/her participation in the above-referenced event