

10TH ANNUAL WILLARD CARE TO LEARN TURKEY TROT

**THANKSGIVING MORNING
NOVEMBER 25, 2021**

5K FAMILY FUN RUN

**GO TO WILLARD MIDDLE
SCHOOL**

**To register, please go to the
website at**

<http://www.willardparks.com/thanksgiving-turkey-trot.html>

**PLEASE BRING TWO
FOOD ITEMS FOR THE
FOOD PANTRY**

**HELD RAIN, SNOW OR
SHINE!!!**



caretolearn.
HEALTH • HUNGER • HYGIENE
WILLARD



RACE DAY INFORMATION

\$25 registration fee for 13 years and up.

\$20 registration fee for ages 5-12
Forms received after November 16 will NOT receive a shirt, however, price will remain the same
4 years and under are free (shirt not included)

On-site registration will begin at 7:30 am

Event will start at 9:00am
PARTICIPANTS WHO PRE-REGISTER BY NOV. 16 BY 3PM

WILL RECEIVE A TURKEY TROT T-SHIRT

Medals will be given to individuals between the ages of 5-12

**** You can register by completing this form and returning it to the Willard Recreation Center or mail to address below by November 16****

Make checks payable to Willard Parks and Recreation.

Complete one form per participant! Please return to Willard Parks & Recreation (call 417-742-2262) or mail to 4151 W Division St. Springfield, MO 65802

Name: _____ Address: _____ City: _____ State: _____

Zip: _____ Phone: _____ Email: _____ Gender: _____ Age as of 11/25/2021 _____

Shirt Size: (please circle) Adult: S M L XL (2X, 3X - \$3.00 extra) Youth Size: S M L XL Please Circle: WALKER OR RUNNER

In consideration of your acceptance of the entry, I, intending to be legally bound hereby, for myself, my heirs and assignees waive any/all claims for any damages which I have against the Springfield- Greene County Park Board, Ozark Greenways, Willard Park Board, City of Willard, Care to Learn, or any other sponsor and/or their employees for any injuries and illnesses suffered by me in this event, including those which may be attributed by weather conditions. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event. I grant permission to all of the foregoing to use any photographs, motion pictures, or any other record of this event for any lawful purpose. I have read the entry information provided and certify my compliance by my signature below. **I AGREE TO GREENE COUNTY HEALTH DEPARTMENT GUIDELINES CONSIDERING COVID-19.**

Signature: _____ Date: _____