

## IHR THANKSGIVING DAY RUN 2018

**Choose one:**

- \_\_\_\_\_ 5-Mile Race  
\_\_\_\_\_ 1.25-Mile Fun Run/Walk

**Fee:**

- \$30 before November 16  
\$40 day of race

**Mail to:**

Iroquois Hill Runners  
P O Box 14115  
Louisville, KY 40214

*Please print:*

_____	_____	_____
Last Name	First Name	Middle Initial
_____		_____
Address		Phone
_____	_____	_____
City	State	Zip
_____		_____
Birthdate (Month/Date/Year)		Sex
_____		_____
Age on Race Day		

## IHR THANKSGIVING DAY RUN 2018 WAIVER

In consideration of and as a consideration of my participation in the IHR Thanksgiving Day Run, November 22, 2018 for myself, my heirs, executors and administrators, I waive and release any claims against the Iroquois Hill Runners and any and all sponsors and supporters for all claims and damages, demands of actions whatsoever in any manner, as a competition of the event. I hereby grant full permission to any and all of the foregoing to use my name and likeness for any publicity and/or promotional purposes without obligation of liability.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

*(Parent/Guardian signature required if under 18 years of age)*

\_\_\_\_\_  
Date