



IROQUOIS HILL RUNNERS
40TH ANNUAL
THANKSGIVING DAY RUN



Choose one:

5 mile run/walk: ____

1.25 mile fun run/walk: ____

First name: _____ Last name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Birth date (month, date, year): _____ Age on race day: _____ Sex: _____

Shirt size (choose one):

XS __ S __ M __ L __ XL __ XXL __

IHR THANKSGIVING DAY 2019 WAIVER

In consideration of and as a consideration of my participation in the IHR Thanksgiving Day Run, November 28, 2019 for myself, my heirs, executors and administrators, I waive and release any claims against the Iroquois Hill Runners, DC Timing, 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 (required if participant is under 18 years of age):

_____ Date: _____

Entry fees:

\$25 if postmarked by 9/2

\$30 if postmarket by 11/22

Please send entry form and payment to:

Iroquois Hill Runners

P.O. Box 14115

Louisville, KY 40214

All mail-in registrations MUST be postmarked by 11/22.

Late mail-ins will not be processed.