



4th Annual Turkey Dash 5k Run/Walk

Benefiting the
Karen P. Nakon
 Breast Cancer Foundation
 www.nakonfoundation.org

Primary Event Sponsor:



ST. JOHN WEST SHORE HOSPITAL
A partnership of
 The Sisters of Charity of St. Augustine Health System and **University Hospitals HealthSystem**

Where: Red Tail Club House, 4400 Lear Nagle Road, Avon, Ohio 44011
 When: Thanksgiving Morning, November 22, 2007, 9:00 am
 Course: Red Tail Golf Club and Red Tail Development
 Entry Fee: \$18, Children (12 and under) \$12 by 11/15, Late Registration after 11/15, \$20
 Jackets: Register early to receive a FREE Long Sleeve Cool Max t-shirt. Limited number available.
 Information: Mary 440-937-9104 or Sharon 440-937-0021

Coffee, water and a piece of pumpkin pie to all participants.
 Parking is limited - shuttle available from Avon East Middle School
Pre-Registration and Packet Pick-up at Red Tail Golf Club November 21 from 5 - 8 pm.

Please return registration with your check made payable to Karen P. Nakon Breast Cancer Foundation, and send to The Nakon Foundation, 35765 Chester Road, Avon, OH 44011

 Name

 Address

 City State Zip

 Phone (h) (w)

 email address



Adult Jacket Size

____ S
 ____ M
 ____ L
 ____ XL

male walking age _____
 female running

Are you currently receiving Turkey Dash emails? _____ Has your email changed since your last registration? _____

In consideration for the acceptance of my application to participate in The Karen P. Nakon Breast Cancer Foundation 5k Race/Walk, I do hereby fully forever waive, release and discharge for myself, my estate, heirs, executor and assigns the City of Avon, The Nakon Foundation and their respective trustees, officers, administrators, employees, agents and volunteers and all other persons and entities involved in the organization, planning or supervision of the 5K race from any claims, losses, or damages whatsoever, including any and all personal injuries, damages to health or any other damages arising directly or indirectly from my participation in the race or race-related activities whether said losses, damages or claims are caused directly or indirectly by or related to a known or unknown risk of hazard and whether they are caused by a negligent act or acts, regardless of the degree of negligence.
 I warrant that I am physically fit and sufficiently trained to participate in the race and that my participation in the race and related activities is entirely of my own free will.
 By signing here I warrant that I have read and understand the contents and meaning of this "Release and Waiver" and agree to be legally bound by all of its terms and conditions.

Participant's Signature _____

For Permit Holders under 18 years old and/or mentally or physically disabled
 As the undersigned parent and natural guardian of the participant, I attest and verify that the participant has my full consent to participate in the race and related activities. I warrant that I am the parent/natural or the duly appointed legal guardian, and I have read and understand this "Release and Waiver" I acknowledge the terms and conditions of the "Release and Waiver" and agree to be legally bound by all of the terms and conditions set forth. The contents and meaning of this "Release and Waiver" are clearly understood.

Juvenile Signature _____

Parent or Guardian Signature _____