

# Chris Dailey 5K Official Mail-In Registration Form Thanksgiving 2020

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[www.christopherdaileyfoundation.com](http://www.christopherdaileyfoundation.com)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Check One:  MALE  FEMALE

With Shirt - Fee: \$27.00

Without Shirt - but with a \$7 Donation - Fee: \$27.00

Without Shirt - Fee: \$20.00

Check One:  YL  S  M  L  XL  XXL  No T-Shirt

Make checks payable to the Christopher Dailey Foundation and mail to:

Christopher Dailey Foundation  
c/o AREEP  
PO Box 38195  
Albany, NY 12203-8195



## Participant Assumption of Risk and Waiver/Release for Injuries, Damages and Claims

I hereby acknowledge that my involvement in the VIRTUAL Christopher Dailey Foundation Turkey Trot carries with it the potential for personal injury. I hereby confirm that whatever route I choose to run is fully of my own choosing and not endorsed nor recommended by the Christopher Dailey Foundation. I release the Christopher Dailey Foundation, it's Board of Directors, promoters and volunteers or any person acting within the scope of their authority from all liability and claims of whatever nature or cause which may occur as a result of my involvement in the aforementioned event. I attest and verify that I am physically fit and have sufficiently trained for this event. I further acknowledge that no persons or entity shall have the right to bring an action against the Christopher Dailey Foundation, it's Board of Directors, promoters and volunteers or any persons acting within the scope of their authority, for damages resulting from or in connection with this event. In addition, I agree that I will either participate individually or solely with members of my family for whom I share a residence.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent or Guardian  
(if under 18 years of age)