

2023 Turkey Day 5K Official Entry Form

FMC Staff Payroll Deduct or Check Payment

Deadline for shirt orders is Nov. 10, 2023

Please make checks payable to: FMC Foundation

Return form to: FMC, Attn: Kelley Long, 401 N. Ewing St., Lancaster, OH 43130

Name _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Email _____

Age (as of 11/23/2023) _____ Gender (check): M F School Name _____

Shirt Size (youth & adult): No shirt YM(10-12) YL(14-16) YXL(18-20) AS AM AL AXL AXXL A3XL A4XL

Additional Friends or Family Members:

First and Last Name

Gender(M/F)

Age (as of 11/23/23)

Shirt Size

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

All kids must register.

Subtotal:

\$25 x _____ = _____

(\$30 late registration after Nov. 10.

Shirts cannot be guaranteed with a late registration)

\$15 x _____ = _____

(Shirt & chip timing fee for kids 13

years and under only. After Nov. 10, the registration fee will be \$20. Shirts cannot be guaranteed with a late registration.)

FREE Child x _____ = _____

(Age 13 and under. No shirt/chip timing)

Method of Payment: FMC Employee Payroll Deduct

Please deduct and pay to Fairfield Medical Center the sum of \$ _____

for Turkey Day 5K registration for Nov. 23. In the event I terminate prior to the repayment of the total amount, I hereby authorize the balance to be taken from my final pay. I understand and agree that the above amount will be a one-time deduction.

Employee Name _____ Badge Number _____

Waiver/Release: (must be signed by participant): In consideration of the acceptance of my entry, I hereby waive on behalf of my heirs, executors and assigns, all claims of any nature arising from my participation in the Turkey Day 5k Run and do hereby release all sponsors, workers, officials and volunteers from any claim whatsoever arising from my participation in this event. I agree to abide by all the rules for participation and acknowledge that the Race Committee may refuse or return my entry at its discretion. I understand the risks for such a run and have trained adequately in preparation. I have noted any relevant medical conditions on this form. By signing below, I give my permission to use my name and photograph/video for release of results and for promotional purposes of the Turkey Day 5K. By signing this document, I permit the Fairfield Medical Center Foundation to process my payment. I understand that this sale is non-refundable, no size exchanges are granted and proceeds from this sale benefit the Fairfield Medical Center Foundation.

*Signature _____ Date _____

*Parent's signature (for entrants under 18 years of age) _____ Date _____

Emergency contact _____ Phone _____

Relevant medical conditions _____

**If signing online, please print name on signature line.*