

Signature of Participant

Make checks payable to: Rapahope

(Parent/Guardian must sign for participants under 19)

Organized by: Rapahope (http://www.rapahope.org)

## **Turkey Trot for Hope 5K**

## Gobble Wobble Fun Run Thursday - November 24, 2022 - 8 AM



Location:	Mardi Gras Park (104 Royal	Street Mobile, AL 36602)		
Distance:	Certified 5K course - AL190	57JE Gobble Wobble Fun Run is ab	out a mile.	
	5K run/walk starts at 8 AM; Gobble Wobble Fun Run starts at 9 AM.  Pre-register by mail (entries should be postmarked by November17), in person at McCoy Outdoor, Run-N-Tri, Fleet Feet in Mobile or Running Wild in Fairhope until noon on November 23. Online until 4 AM November 23 at <a href="https://raceroster.com/events/2022/60958/turkey-trot-for-hope">https://raceroster.com/events/2022/60958/turkey-trot-for-hope</a>			
	Early Packet Pickup/late regilocated at 358 Morgan Aven	stration will be Wednesday, November		Port City Pacers office
Entry fees:	Pre-registered (through 11)			
	5K run/walk: \$30 Gobble Wobble: \$20 Stay in bed - with shirt: \$20	5K run/walk:\$35 Gobble Wobble:\$		
	Entry fees include long sleeve race shirt, eligibility for awards, and race celebration. No shirt - option subtract\$5.  No entry fees will be refunded. In case of inclement weather, fees will be a donation to Rapahope.			
Awards:	Top male and female Overall,	Masters, Grandmasters, Senior Grandr 0-14, 15-19, 20-24, 25-29, 30-34, 35-39	masters and top three male and	female
Special Awards:	Special Awards: Awards will be given to the teams with the most participants, the best Thanksgiving costume, and the fastest turked the state of the teams with the most participants, the best Thanksgiving costume, and the fastest turked the state of the state of the teams with the most participants, the best Thanksgiving costume, and the fastest turked the state of t			
	*Turkey participants must be dressed comb to talons as a turkey – not just a turkey hat.			
	To guarantee a long sleeved shirt on race day, you must submit your application by November 14.			
	Food and beverages will be	orovided after the race. 		
		First Name:		
Address:		City, State & ZIP:		
Date of Birth:	Phone:	Email:		
Event: 5K Run/walk	5K Turkey Run/V	√alk (run dressed as a turkey)	1 Mile Fun Run	Stay in Bed/Kitchen
I am a member of a team	n: Yes No	CorporateCup/TeamName:		
T-Shirt Size: YS YM	YL S M L XL XXL	No shirt <b>Donation to Rapahope:</b>	\$	
trained, and by my signate official relative to any asperisks associated with runni and/or humidity, traffic a roller skates or blades, a facts and in consideration of Mobile, Mobile County event, even though that lie As a precaution against ten days before the even	ure I certify that I am medically able ect of my participation in this event, ing or walking in this event, including the conditions of the road, all animals, and radio headsets are of your accepting my entry, I, for Sheriff Office, all sponsors, their rubility may arise out of negligence of the spread of COVID-19, sick or a	ivity that could cause injury or death. I should to perform this event, am in good health and including the right of any official to deny or sing but not limited to: falls, contact with ottsuch risks being known and appreciated by not allowed in the 5K race and I will abide to myself and anyone entitled to act on my bethe presentatives and successors from all claims or carelessness on the part of the persons nartick persons will not be allowed to partake	I am properly trained. I agree to abisuspend my participation for any reather participants, the effects of the wme. I understand that bicycles, skarby these guidelines. Having read this half, waive and release Rapahope, or liabilities of any kind arising our med in this waiver.	de by any decision of a race son whatsoever. I assume all eather, including high heat teboards, baby joggers, s waiver and knowing these, LRH Productions, the City at of my participation in this
i. (Fever/Felt Feverish ii. New loss of taste or	or chills/rigors)	iii. Cough, shortness of breath or difficult breathing     iv. Fatique, muscle or body aches	vi. Headache	ongestion or runny nose
i. Traveled internation ii. Tested positive for ( (less than 6 feet for 15 m	inutes or more) with a person con ne or she meets the above require	•	hcare provider, you have been in c including the 48 hours prior to per	close, prolonged contact con developing symptoms

Date

Mail applications and fees to: Rapahope; P.O. Box 1427 Mobile, AL 36633