



Make checks payable to:
Hampstead Kiwanis Park, Inc.

*To register for the race:
Please **SIGN WAIVER ON BACK** and mail
this completed entry form and check to:*

Kiwanis Club of Hampstead, NC
410 Lakeview Drive
Hampstead, NC 28443

Name: _____

Address: _____

Email Address: _____

Phone: _____

Male ___ Female ___ Date of birth _____ Age _____

Email Address: _____

T-Shirt Size (those registered prior to November 1 are guaranteed a shirt)

Unisex S M L XL XXL

Youth XS(2-4) S(6-8) M(10-12) L(12-14) XL(16-18)

Check event:

_____ **8k Run- \$35**

_____ **2-Mile Fun Run/Walk \$25**

_____ **Kid's Sprint \$15 (Ages 9 & Under)**

Pre-Race Pasta Dinner on Friday , Nov. 17

Includes pasta, meatball or sausage, bread, beverage & desert

Eat in or take-out from the

Hampstead Women's Club Building from 5-7pm.

(Cost of the Dinner increases by \$2 per person at the door)

Enter # of meals below

Enter cost here

_____ X Adults prepaid \$10.00 = _____

_____ X Kids (under 6) prepaid \$8.00 = _____

Other Donations = _____

Race and Dinner Total Amount \$ _____

Thank you for your support!

(checks payable to Hampstead Kiwanis Park, Inc.)

For any questions please_email.patriciahoma@aol.com

Directions: Take Route 17 in
Hampstead to Sloop Point
Loop Road (just south of
Sloop Point Fire Dept.) Park is
on right at 586 Sloop Point
Loop Rd.

**All proceeds to go to the
maintenance and expansion of
the Hampstead Kiwanis Park.**

**Tax ID# for Hampstead
Kiwanis Park, Inc., is
94-3427227**

**Pasta Dinner proceeds will
support community service
projects, scholarships & the
local school clubs sponsored by
the Kiwanis Club of
Hampstead, NC
Tax ID# 56-2022280**

**Hampstead
10th Annual
Kiwanis Park
Turkey Trot
8K Run
2-Mile Fun Run/Walk
and 1/2-Mile Kid's Sprint**

**Saturday, November 18, 2017
8K and 2-Mile Races Start
9:00 am
Kid's Sprint will follow
At
Hampstead Kiwanis Park
586 Sloop Point Loop Road
Hampstead, NC**

**Pre-Race Pasta Dinner
Friday, November 17, 5-7 pm at
Hampstead Women's Club Building
(Pre-Race Packet Pickup)**



To Our Sponsors

***To all our sponsors,
There are so many great
sponsors, we cannot list
everyone on this form.
Many thanks for your
generous contributions
over the years. With
your help we have the
wonderful Hampstead
Kiwanis Park, which will
continue to expand and
have more amenities for
our children and
families.***

***Our utmost appreciation
goes to you.
Thank you for your
enduring support.***

ENTRY FEES:

8K \$35
2-Mile \$25
Kids' Sprint \$15 (9 & Under)

How to Register

1. Online at Its-Go-Time.com by

Nov. 10

2. Register by mail with this form
3. At the Hampstead Women's Club Building,
14435 U. S. Hwy. 17, Hampstead, on
Friday, Nov. 17, 5-7 pm
4. On race day, Saturday, Nov. 18, 7-8:30 am at the
Park

**Be sure to sign up early as you
are only guaranteed a tee shirt if
you register by November 1!**

RACE PACKET PICK-UP

Friday, Nov. 17, 5-7 p.m., at Hampstead Women's
Club Building, 14435 U. S. Hwy. 17, Hampstead,
during the
Pre-Race Pasta Dinner or
Saturday, Nov. 17, 7—8:30 a.m. (before the race)

Sorry No Refunds

Waiver Must Be Read and Signed Before Mailing:

I know that running is a potentially hazardous activity. I should not enter or run this event unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this Hampstead Kiwanis Park Turkey Trot 8k Run, 1 Mile Fun Run/ Walk or Kids' Sprint race including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release the Kiwanis Club, Town of Hampstead, Pender County, the Hampstead Kiwanis Park, Inc., all sponsors, their representatives and successors from all claims or liabilities of any kind, including any claims arising out of negligence of the aforementioned parties, arising out of my participation in this event. I also grant permission to all of the foregoing to use any photographs, motion pictures, recording, or any other record of this event for any legitimate purpose.

I agree that in the event of a cancellation due to storm, rain or other "acts of God" leading to unsafe conditions, my enrollment fees shall be non-refundable.

I certify that I am eighteen years of age or older, I have read and understand the contents of this waiver.

() I am under the age of eighteen years of age. My parent/guardian has read and completed the waiver below.

Printed name

Signature Date

PARENT/GUARDIAN WAIVER - FOR MINOR

If applicant is under 18 years of age, the parents or guardians must complete the following: The undersigned, (parent/guardian name)

referred to as the parent and natural or legal guardian of (minor's name)

does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all parties herein named on this form and releases from all liability, loss, cost, claim, or damage whatsoever that may be imposed upon said releases.

Consent to medical treatment of minor: I hereby authorize any duly authorized doctor, emergency medical technician, licensed physician, hospital or other medical facility to treat said minor for the purpose of attempting to treat or relieve any injuries received by said minor while he/she was a participant or observer at this event and to the administration of anesthesia as deemed advisable by any licensed physician. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk on the behalf on myself and said minor. I acknowledge that no warranty is being made as to the results of any treatment.