



# 8<sup>th</sup> Annual

# DV TURKEY TROT 5K

**When:** Saturday, November 14, 2020  
**Start Time:** 10:00AM  
**Where:** Delaware Valley High School Milford, PA  
**Hosted by:** DV Cross Country Team  
**Registration:** \$20.00 if postmarked on or before October 24, 2020  
 (\$25.00 Race Day at DVHS Gym from 8:30 to 9:45AM)  
**Online Registration:** <http://dvturkeytrot.wixsite.com/dvtt>  
**Awards:** Top 3 overall male & female runners, plus top 3 male & female in the following age categories:  
 \* 10 & under \* 11-13 \* 14-16 \* 70+  
 \* 17-19 \* 20-29 \* 30-39  
 \* 40-49 \* 50-59 \* 60-69

**The course:** The 5k run/walk will be on the scenic flat cross country course with track finish.  
**Make your check payable to:** DV Cross Country  
**Mail form & check to:** DV Cross Country, 252 Route 6 & 209, Milford, PA 18337

## Join us for a gobblin' good time!

The DV Turkey Trot 5k supports the Local Food Pantries and the DV Cross Country Teams. We are asking all runners and walkers to help prevent hunger this year by bringing a non-perishable food item to the event.

Name \_\_\_\_\_  
 Circle Gender   M / F   Age on Race Day \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

Circle T-Shirt Size   Small  Medium  Large  XLarge  XXLarge  

General Release & Hold Harmless Agreement must be read and signed by all race participants. In consideration of my participation in the event, I waive any and all claims for myself and my heirs against the Delaware Valley School District, the sponsors, race workers, and officials of this race from any and all liability arising from illness, injuries, or other damages I may suffer as a result of participation in such event whenever discovered. I affirm that I am physically able and have sufficiently trained for participating in the event and am aware that participation in this event could, in some circumstances, result in severe physical soreness and injury. I also give permission for the free use of my name and picture in any broadcast or written account of the event. I understand that my entry fee is NON-REFUNDABLE. Should race officials determine that completion of this event would be injurious to my health, I consent to being removed from the course and treated by the medical personnel in attendance or at their direction.

Signature \_\_\_\_\_  
 Signature of Parent/Guardian if under 18 \_\_\_\_\_  
 Date \_\_\_\_\_