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# TURKEY TROT 2009

*Angelo State University November 21, 2009 10:00 am*

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- **Location:** On the Mall in front of the University Center, Angelo State University
- **Events:** 3 mile run, 1.5 mile fitness walk, one mile run for children 10 and younger
- **Entry fee:** Free for ASU students/faculty/staff, \$5.00 for adult non-ASU runners (no charge for walkers or kid's race).
- **Run Awards:** 1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup> Female and Male students  
1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup> Female and Male faculty/staff  
1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup> Female and Male non-ASU participants  
1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup> Female and Male in kid's one mile run
- **Special Awards:** For Best Thanksgiving Costume (come as a pilgrim, turkey, pumpkin, acorn squash, etc.; costume not required for entry)
- **Additional prizes:** Drawings during awards ceremony; open to all runners and walkers.
- **Course description:** 1.5 mile loop around and through the Angelo State University campus. Runners doing the 3 mile run will complete two laps of the course. See our course map at <http://www.mapmyrun.com/route/us/tx/san%20angelo/762216734739>
- **Day of event registration:** 9:00-9:45 at the start/finish area in front of the ASU University Center. If the weather is bad, registration will be just inside the UC front door.
- **Release form:** Each participant must sign a release form. Those under 18 must have signature of parent or guardian.

***For more information: Contact Bill Cullins 486-6293  
or email [bill.cullins@angelo.edu](mailto:bill.cullins@angelo.edu)***

2009 TURKEY TROT Release Form

Angelo State University

Event date: November 21, 2009

I, \_\_\_\_\_, understand and agree that university-related activities of Angelo State University involve certain known risks, including but not limited to, transportation accidents, personal injuries, and loss or destruction of my property. I understand and agree that Angelo State University cannot be expected to control all of said risks. In consideration of the benefits I will receive through my participation in the activities of Angelo State University, I hereby expressly and knowingly **RELEASE ANGELO STATE UNIVERSITY, ITS OFFICERS, AGENTS, VOLUNTEERS, AND EMPLOYEES FROM ANY AND ALL CLAIMS AND CAUSES OF ACTION I MAY HAVE FOR PROPERTY DAMAGE, PERSONAL INJURY OR DEATH SUSTAINED BY ME ARISING OUT OF ANY TRAVEL OR ACTIVITY CONDUCTED BY, OR UNDER THE AUSPICES OF ANGELO STATE UNIVERSITY, WHETHER CAUSED BY MY OWN NEGLIGENCE OR THE NEGLIGENCE OF ANGELO STATE UNIVERSITY, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES.**

I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility.

**Further, I voluntarily and knowingly agree to HOLD HARMLESS, PROTECT, AND INDEMNIFY Angelo State University, its officers, agents, volunteers, and employees, against and from any and all claims, demands, or causes of action for property damage, personal injury or death, including defense costs and attorney's fees, arising out of my participation in the activities of Angelo State University, REGARDLESS OF WHETHER SUCH DAMAGES, INJURY OR DEATH ARE CAUSED BY MY OWN NEGLIGENCE, OR BY THE NEGLIGENCE OF ANGELO STATE UNIVERSITY, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES.**

Angelo State University shall notify me promptly in writing of any claim or action brought against it in connection with my participation in these activities. Upon such notification, I, or my representative, shall promptly take over and defend any such claim or action.

**I HAVE READ AND UNDERSTOOD THIS DOCUMENT, AND MY SIGNATURE EVIDENCES MY INTENT TO BE BOUND BY ITS TERMS.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**(PARTICIPANT)**

If the participant is under 18, I am signing as a parent or guardian to reflect my agreement to indemnify (that is, protect by payment or reimbursement) Angelo State University from any claim which may be brought by or on behalf of the participant, or any member of the participant's family, for injury or loss resulting from those inherent risks of the course, described above, and from the negligence of the participant or Angelo State University.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**(PARENT OR GUARDIAN)**

<u>Category (circle one)</u>	<u>Emergency contact information</u>
3-mile run, ASU student	Name _____
3-mile run, ASU employee	Phone number _____
3-mile run, non ASU (\$5.00 entry fee)	Relationship _____
Non competitive 1.5 mile walk	
Kid's 1-mile run	