



ASU  
SPORTS  
MEDICINE  
CLUB



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# TURKEY TROT 2011

*Angelo State University November 19, 2011 10:00 am*

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- **Location:** Start on the Mall in front of the University Center, Angelo State University
- **Events:** 5K run, 1.5 mile fitness walk, one mile run for children 12 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). Proceeds benefit the **ASU Sports Medicine Club**.
- **Run Awards:** Overall Male/Female
  - 1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup> Male/Female students (39 and under, 40 and over)
  - 1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup> Male/Female faculty/staff (39 and under, 40 and over)
  - 1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup> Male/Female non-ASU participants (39 and under, 40 and over)
  - 1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup> Male/Female in kid's one mile run (6 and under, 7-12)
- **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:** 5K loop around and through the Angelo State Campus that starts and finishes at the University Center. Walkers will complete 1.5M loop. Course map at <http://www.mapmyrun.com/route/us/tx/san%20angelo/888128887977080402>.
- **Registration:** RACE-DAY ONLY from 8:30-9:45 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 Katherine Garrison at 325-486-6244  
or email [katherine.garrison@angelo.edu](mailto:katherine.garrison@angelo.edu)

2011 TURKEY TROT Release Form

Angelo State University

Event date: November 19, 2011

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>Age Group (adults)</u>	<u>Emergency contact information</u>
5K, ASU student	39 and under	Name _____
5K, ASU employee	40 and over	Phone number _____
5K, non ASU (\$5.00 entry fee)	<b><u>Age Group (kids)</u></b>	Relationship _____
Non competitive 1.5 mile walk	6 and under	
Kid’s 1-mile run	7-12	