# entry form

#### 44th Annual Harry Sutter Memorial

#### **Lity of Torrance L LUTKEY LTOT** 3 Mile Fun Run

| One Entry Form Per Person Please Print | LUINEY LFOT 3 Mile Fun Run |                    |                           |  |  |
|--|----------------------------|--------------------|---------------------------|--|--|
| Name                                   |                            |                    | _ Phone                   |  |  |
| Last Name                              | First Name                 | Middle Initial     | Include Area Code         |  |  |
| Address                                |                            |                    |                           |  |  |
| Number Street                          | Apt. N                     | Io. City State Zip |                           |  |  |
| Date of Birth                          | Age E                      | Email Address      |                           |  |  |
|  |                            |                    | Receipts will be emailed. |  |  |



#### Please read the following statement and sign below before submitting your entry:

In consideration of your accepting my entry, I hereby assume all risks in connection with my participation in the Annual Harry Sutter Memorial Turkey Trot 3 Mile Fun Run, on November 28, 2024. I do hereby for myself, my heirs, executors, conservators and guardians waive and release forever any and all rights and claims for damages I may have, or which may hereafter accrue to me against the persons or organizations affiliated with the race, including but not limited, to City of Torrance, and any and all sponsors to the race, and the employees, agents, successors, representatives and signs of the aforesaid organizations, for any and all injuries and illnesses suffered by me while participating in or traveling to and from the Annual Harry Sutter Memorial Turkey Trot 3 Mile Fun Run. I hereby represent that I understand and am familiar with the nature of the activities in which I will participate, that I have sufficiently trained to participate in this event and that I am in good physical health.

| Signature: | Date: | Signature: | Date:                                  |
|------------|-------|------------|--|
|            |       | (Parent    | t/Guardian if participant is under 18) |

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| Signature: | Date: | Signature:                      | Date:        |
|------------|-------|---------------------------------|--------------|
|            |       | (Derent/Cuerdien if pertisinent | is under 10) |