

**COMEA Turkey Trot & Gobble Wobble
Saturday, Nov. 4, 2017**

**8:30 am Gobble Wobble • 9:30 am Turkey Trot
9:05 am 3k Walk • Virtual Marathon**

COMEA Homeless Shelter • 1504 Stinson Ave. Cheyenne, WY

Register at <http://www.comearace.org> OR complete this form, make check payable to
"COMEA House Turkey Trot" and mail by Oct. 20, 2017, to:
COMEA House, 6524 Armant Court, Cheyenne, WY 82009

NAME

(Last) _____ (First) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

PHONE _(____) _____

Individual fee: \$25 Female ____ Male ____ Age on race day _____

Virtual Marathon: \$40

For Group Discounts, you must register [online](#)

TOTAL AMOUNT ENCLOSED: _____ (Entry fees are non-refundable)

EXTRA DONATION (optional): _____ (All funds directly support COMEA clients)

Pre-registration before Oct. 1 to guarantee your 2017 tech shirt. Check one option below:

MENS Sm ____ Med ____ Large ____ No Thanks ____

WOMENS Sm ____ Med ____ Large ____ No Thanks ____

More information about the Turkey Trot & Gobble Wobble at: <http://www.comearace.org>
or contact kristi.ruben@gmail.com (307-631-5490).

RELEASE AND WAIVER STATEMENT

In consideration of the acceptance of this entry in the 16th annual COMEA House Turkey Trot 5K and Kid's Gobble Wobble Fun Run, I hereby release COMEA Inc., the race directors, and any sponsor of the races and their respective officers, members, directors, agents and employees from all actions, claims and demands of any kind and nature that may arise from or in connection with my participation in any aspect of the races, accepting the risks involved, including, but not limited to, road racing, such as sharing the road/race course with motor vehicles during the race and waiving all rights of any kind that might otherwise exist. I will not enter or participate unless medically able and properly trained. I also know there may be traffic on the course route. I represent that my physical condition, to the best of my knowledge, is adequate to compete or participate safely in a distance race. I authorize and consent to the publication of COMEA, whether by television, radio, newsprint, written advertisements or otherwise, of any materials containing my name or picture, and I release to COMEA House Inc. and all persons acting under authority from it of any claim I might have due to initial or subsequent publications of such material. I sign on behalf of myself and my heirs, personal representatives and assigns.

Signature of entrant _____ Date: _____

(If participant is under 18, signature of parent or guardian is required.)

For information about COMEA's services, visit: www.comeashelter.org or contact
Executive Director Robin Bocanegra at director@comeashelter.org (307) 632-3174.