

# Whiteoak's 2nd Gobble Gobble Run or Wobble 5K

**When:** November 23, 2024

**Time:** 9 a.m

**Where:** Whiteoak High School 44. N High St

P.O. Box 299 Mowrystown, OH 45155

**Registration Fee:** \$30.00 Free t-shirt with Pre-registration

(Pre-registration and payment deadline November 1)

Sign ups will continue until the morning of the race

Age group medals will be awarded (12 and under, 13-19, 20-29, 30-45, 45-55, 55 and over)

Awards: Top 3 in each age group

Additional shirts (limited) for sale the day of the race will be \$20



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## OFFICIAL ENTRY FORM

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Circle Gender:    MALE        FEMALE

Circle Participation:    RUN        WALK

Circle T-Shirt Size:    XS    S    M    L    XL 2XL 3XL

WAIVER: IN CONSIDERATION OF THE ACCEPTANCE OF MY ENTRY, I HEREBY WAIVE ON BEHALF OF MY HEIRS, EXECUTORS, AND ASSIGNS, ALL CLAIMS OF ANY NATURE ARISING FROM MY PARTICIPATION IN THE RUN FOR WHITEOAKS 1ST GOBBLE GOBBLE RUN OR WOBBLE, AND DO HEREBY RELEASE AND HOLD HARMLESS ALL PERSONS AND ENTITIES ASSOCIATED FROM ANY CLAIM WHATSOEVER ARISING FROM MY PARTICIPATION IN THIS EVENT. I AGREE TO ABIDE BY ALL THE RULES FOR PARTICIPATION, AND ACKNOWLEDGE THAT THE RACE COMMITTEE MAY REFUSE OR RETURN MY ENTRY AT ITS DISCRETION. I UNDERSTAND THE RISKS FOR SUCH A RUN, AND HAVE TRAINED ADEQUATELY IN PREPARATION. I HAVE NOTED ANY MEDICAL CONDITION ON THIS FORM.

ENTRY SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

PARENT'S SIGNATURE (REQUIRED OF ENTRANTS UNDER 18) \_\_\_\_\_  
DATE \_\_\_\_\_

IN CASE OF MEDICAL EMERGENCY CONTACT \_\_\_\_\_  
PHONE \_\_\_\_\_

**\*\*Make checks payable to Bright Local School District\*\***

Venmo: @Heather-Harmon-68