



**Event Registration & Release Form**

**Marion Chamber of Commerce**

13 Military Road / Marion AR 72364  
870-739-6041 / chamber@marionarchamber.org  
[www.marionarchamber.org](http://www.marionarchamber.org)



**EVENT**

**Turkey Trot**

Event Date: November 23, 2024

Event Location: Brunetti Park / 336 S Currie St

Vendor set-up details will be available prior to event date. NO electricity, tents, or tables are provided. Payment can be mailed to 13 Military Rd, Marion AR 72364, or through the link on our website, [www.MarionARChamber.org](http://www.MarionARChamber.org), or by using the QR code above.

**SIGNED FORM AND PAYMENT MUST BE RECEIVED PRIOR TO EVENT**

*General Release*

The undersigned does hereby acknowledge the release and discharge of all actions, rights, causes of action, claims and demands whatsoever that now exist or hereafter accrue against the Marion Chamber of Commerce or the City of Marion and any and all consequences resulting from the undersigned's participation in the above referenced event.

The undersigned warrants that no promise or inducement has been offered except as herein set forth, that this Release is executed without reliance upon any statement or representation by the person or parties released or their representatives; that the undersigned is of legal age, is competent to execute this Release, and accepts full responsibility thereof, and;

The undersigned agrees, as a further consideration, that this Release shall apply to any accident, casualty, and/or occurrence in reference to said event, regardless of any fault on the part of the Marion Chamber of Commerce or the City of Marion or any of its members.

The undersigned understands that photographs, video and/or digital images may be taken of this event and its participants, and may be used in online and printed promotional materials and/or publications. By virtue of the attached signature, the undersigned gives consent to such images being taken and utilized in this manner without compensation.

Entries are subject to approval by the Marion Chamber of Commerce.

**Registrant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street or PO Box City State Zip

**Phone #(s):** \_\_\_\_\_

**Email:** \_\_\_\_\_

Type of Booth:  Food  Craft  Info  Other (specify below)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date