



Saturday, August 14, 2010

Knoll Park

Start lacing up your running shoes and stretching your muscles for Salem Days Fun Run. We want to invite all of you out for a morning full of sunshine, friends, exercise and fitness.

REGISTRATION:

To register for the Fun Run: run, walk or drive down to Salem Parks & Recreation
60 North 100 East.

Early registration will end Monday, August 9th, NO EXCEPTIONS.

FEE:

Early: \$15 per individual

Late/Same Day: \$20 per individual

Early: \$40 per family

Late/Same Day: \$50 per family

We encourage all entrants to pick up their racing packets Friday, August 13th
before 6pm - 8pm at the Recreation office.

For those that do not pick their packets up Friday, they will be available along with late registration Saturday, August 14th from 5:00am - 6:30am.

The gun will go off immediately at 7:00am, NO EXCEPTIONS.

Registration and Liability waiver attached.

If you have any questions please contact: Kent Sorensen at 801-604-4799 or
Michelle Smith at 423-4124 home, 362-4840 cell...texts ok, Michelle.smith@imsar.com



Adult Sports Waiver & Liability Release

I acknowledge that this/these event(s) may be an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, water conditions including pollution, temperature, currents and waves, weather, condition of equipment, vehicle traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event, and lack of hydration. I hereby assume all of the risks of participating in this event. I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by Salem City and the event holders, sponsors and organizers, in the event(s) in which I may participate and that it will govern my actions and responsibilities at said event(s).

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) I waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me due to my participation in this event, THE FOLLOWING ENTITIES OR PERSONS: Salem City and its directors, officers, employees, volunteers, representatives and agents, the event holders, event sponsors, event directors, event volunteers; (B) I indemnify and hold harmless the entities of persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident or illness during this event. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by Salem City, the event holder, producers, sponsors, organizers, and/or assigns.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

IF UNDER 18– PARENT/GUARDIAN WAIVER FOR MINORS

The undersigned parent and natural guardian or legal guardian does thereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of both the minor and the parents or legal guardian.

AUTHORIZATION FOR MEDICAL TREATMENT

This release will authorize Columbia Mountain View Hospital and the Salem City Ambulance Association to provide medical treatment in the event of an accident or illness while participating in the recreation program of Salem City. I understand that these services are provided on a fee basis.



Registration Form

Please print clearly– Make checks payable to Salem City

Participants full name: _____ Gender: *M* *F*
Address: _____ Phone: _____
City: _____ State: ____ Zip: _____ Cell Phone: _____
E-mail Address: _____

CIRCLE RACE: 1 MILE 5K

Shirt Size: (circle one) YS YM YL AS AM AL AXL AXXL AXXXL

Registration Fee: _____ **Method:** _____



Registration Form

Please print clearly– Make checks payable to Salem City

Participants full name: _____ Gender: *M* *F*
Address: _____ Phone: _____
City: _____ State: ____ Zip: _____ Cell Phone: _____
E-mail Address: _____

CIRCLE RACE: 1 MILE 5K

Shirt Size: (circle one) YS YM YL AS AM AL AXL AXXL AXXXL

Registration Fee: _____ **Method:** _____

