



Scarecrow FREE Fun Runs Registration/Waiver



5K, 10K, and 10K Relay are a separate registration that requires payment, go to: NibleyCity.com to process your registration. Onsite registration also available @ Virgil Gibbons Heritage Park 2456 S 800 W Nibley, UT 7:30-8:00 am

FREE RUNS Waiver:

100 Yard Dash for **4** and under, **¼ Mile** for **8** and under, **½ Mile** for **12** and under, **Mile Walk/Run** (2 mile) for anyone.

If you and or your family are participating in a FREE RUN please include name, gender, age, and age-appropriate run choice. Please turn this in at the registration table for your participation sticker at the event.

Name	Gender	Age	Run (Please Circle)
			100 Yrd Dash ¼ Mile ½ Mile Mile
			100 Yrd Dash ¼ Mile ½ Mile Mile
			100 Yrd Dash ¼ Mile ½ Mile Mile
			100 Yrd Dash ¼ Mile ½ Mile Mile
			100 Yrd Dash ¼ Mile ½ Mile Mile
			100 Yrd Dash ¼ Mile ½ Mile Mile
			100 Yrd Dash ¼ Mile ½ Mile Mile
			100 Yrd Dash ¼ Mile ½ Mile Mile

*Please note by placing person's name above you take legal responsibility for participant.

E-mail: _____ Phone number: _____

City: _____ State/Province: _____ ZIP Code: _____

In case of emergency, please notify:

Name: _____ Phone Number: _____

Please see back side (page 2) of form for Liability Release terms and conditions. I have read and understand the Liability Release terms and conditions:

Signature: _____ Date: _____

Page 2 Waiver Form

Consent/Acceptance:

In consideration of the acceptance of the above participants application to the Fitness event, I hereby waive release, and discharge any and all claims for damage, death, personal injury, and property damage, which the above participant may have, or which may hereafter occur to him/her, as a result of participating in the Fitness program. This release is intended to discharge in advance: Nibley City & The Bear River Health Department, its offices, employees, or agents for liability, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that some recreational activities involve an element of risk or damage of accident, and knowing those risks, the above participant hereby assumes those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on above participant's heirs and assigns.

Photo Release:

I grant to Nibley City & The Bear River Health Department, its representatives, and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize Nibley City & The Bear River Health Department, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Nibley City & The Bear River Health Department may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Parent/Guardian Liability Release, Guardian Consent/Acceptance (if under 18):

In consideration of the acceptance of the above participants application to the fitness event, I hereby waive release, and discharge any and all claims for damage, death, personal injury, and property damage, which the above participant may have, or which may hereafter occur to him/her, as a result of participating in the fitness event. This release is intended to discharge in advance: Nibley City & The Bear River Health Department, its offices, employees, or agents for liability, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that some recreational activities involve an element of risk or damage of accident, and knowing those risks, the above participant hereby assumes those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on above participant's heirs and assigns.

Parent/Guardian Agreement (if under 18):

I certify that the above participant(s) is/are in normal health and capable of participating safely in the Fitness event. I understand and agree that the above participant(s) participation in the fitness event involves risks and may result in property damage and/or bodily/emotional injuries, including death, to the above participant. With these risks in mind, I hereby assume such risks for myself and the above participant(s). I understand and agree that I or my insurance company will pay for all medical, hospitalization, or any other expenses resulting from the above participant(s) participation in the fitness program. If and when my child is disruptive at the event they may be asked to leave. I also understand that I must be present at the event or assign another responsible adult to guide my child through the experience.

Parent/Guardian Consent to Treat (if under 18):

I hereby give my consent to have the above participant(s) treated by a physician or surgeon in case of sudden illness or injury while participating in the fitness program. It is understood that Nibley City & The Bear River Health Department provide no medical insurance for such treatment, and that the cost thereof, will be at my expense. I realize that the location of the activity or the nature of the illness or injury may require the use of emergency medical personnel.



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