



City of West Jordan

Healthy West Jordan Committee

8000 S Redwood Road

West Jordan, Utah 84088

(801) 569-5100

2017 LINDA BUTTARS MEMORIAL FUN RUN VETERANS MEMORIAL PARK 8030 SOUTH 1825 WEST

Saturday, June 30, 2018 5K 8:00am 1 Mile 9:00am Awards 9:30am

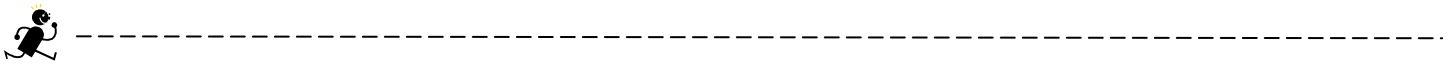
PRE-REGISTRATION (Mail or in Person) to West Jordan City Hall – Attn. Heather Everett 8000 S. Redwood Road West Jordan, Utah 84088 801-569-5100. Entry forms available at WJordan.com Pre-registration deadline is Friday, June 15 by 5 p.m. (T-shirts not guaranteed after this)

REGISTRATION DAY OF RACE: One hour before the start of the races at the park large pavilion (east side of park).

COST: \$5.00 per individual with T-shirt, \$10.00 per family (immediate family members, includes T-shirt) \$10.00 per business team (first 5)

COURSES: All are loop (start/finish at Park) negligible grade. Uneven and multiple terrains possible.

1 MILE WALK: Includes stroller moms and dogs on a leash.



2018 Linda Buttars Memorial Fun Run ENTRY FORM

Name: _____

Address: _____ City/Zip _____

E-mail _____

Telephone _____ Age: (on day of race) _____ Date of Birth _____

Race (check one) 5K ___ 1 Mile ___ Male ___ Female ___

Entry Type: Individual \$5.00 ___ Family \$10.00 ___ Number of family members participating ___ (immediate family members)

Way to a Better Life Participant ___ (Fee already paid) Stampede ___ (Free entry with purchase of stampede ticket)

Business Team \$10.00 ___ Number of employees participating ___ (After 5, include \$2.00 extra per member)

T-Shirt Size (circle one) Adult: S M L XL XXL Youth: S(6-8) M(10-12) L(14-16)

If "family" or "business team" please fill out ONE entry form PER PERSON then staple all entry forms together and submit as a single group. Please make check payable to: Healthy West Jordan Committee.

SEE REVERSE SIDE FOR PARTICIPANT AGREEMENT

MUST HAVE ONE ENTRY FORM SIGNED FOR EVERY PARTICIPANT, INCLUDING ALL CHILDREN

5K AGE DIVISIONS: (proof of age may be required) 14 & under, 15-19, 20-29, 30-39, 40-49, 50-59, 60 and over. +

Note: Handcarts, wagons and/or strollers will not be included in timing of race

EVENT PARTICIPANT AGREEMENT

IMPORTANT: THIS IS A LEGAL DOCUMENT; PLEASE READ IN FULL AND UNDERSTAND BEFORE SIGNING

Organizer(s) of Event: City of West Jordan (Healthy West Jordan Committee)

Name of Event, Date and Location: Linda Buttars Memorial Fun Run on June 30, 2018 at Veterans Memorial Park

You/your minor child (if applicable) may be hurt during participation in the Linda Buttars Memorial Fun Run ("Event"). If you are unwilling to assume all the risks of you/your minor child's participation in the Event, DO NOT sign this document, in which case you/your minor child will NOT be authorized to participate in any part of the Event and you will be refunded any monies you paid to participate in the Event. If you sign this document BUT make any alterations to it, you/your minor child are NOT authorized to participate in the Event.

Assumption of Risks. I, for myself or as the parent/legal guardian of minor child whose name is listed below ("Participant"), wish to participate in the Event. I am/my minor child is able to perform the essential functions required for participation in the Event, and I am/my minor child is freely and voluntarily participating in the Event. I REPRESENT AND WARRANT THAT I HAVE READ AND UNDERSTOOD THIS DOCUMENT, AM OF SOUND MIND, HAVE LEGAL AUTHORITY AND FREELY ACCEPT AND FULLY ASSUME THE RISK THAT I/MY MINOR CHILD CAN SUFFER PROPERTY DAMAGE, ILLNESS, SEVERE PERSONAL INJURY OR EVEN DEATH WHILE PARTICIPATING IN THE EVENT, not only as described above, but also in ways that are unknown and unexpected, even if I follow/ my minor child follows instructions or advice.

Consent to Medical Treatment, Consent of Use of Images, etc. If I am unable to consent at the time due to injury, illness or absence, I hereby consent to administration of first aid and other emergency medical treatment for such injury or illness that occurs during my/my minor child's participation in the Event. I have/my minor child has adequate health insurance or resources to cover the costs of treatment in case of any such injury or illness. I assume full responsibility for selection and use of personal transportation by me/my minor child in connection with the Event. I agree to refrain/cause my minor child to refrain from and not to be impaired by the use of alcohol or any controlled substance (except as medically authorized) while participating in the Event. I grant to the City of West Jordan and its assigns the right to use, reproduce, display, distribute and make derivate works, in any and all media, of my/my minor child's voice and likeness recorded while participating in the Event and any biographical information furnished by me/my minor child to Organizer(s). I hereby assign to Organizer(s) and its assigns all rights in any intellectual property and work product that I create/my minor child creates while participating in the Event, in consideration of such participation. If any provision herein is found to be unenforceable, it shall not affect the validity of any other provision hereof.

Waiver, Release and Indemnification I understand and agree that the City of West Jordan is not an insurer of my/my minor child's conduct. TO THE FULLEST EXTENT PERMITTED BY LAW, I HEREBY RELEASE, WAIVE, COVENANT NOT TO SUE, AND DISCHARGE THE CITY OF WEST JORDAN AND ALL OF THEIR TRUSTEES, DIRECTORS, MANAGERS, OFFICERS, EMPLOYEES, VOLUNTEERS, AGENTS AND REPRESENTATIVES (COLLECTIVELY, THE "RELEASEES") FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, AND CAUSES OF ACTION WHATSOEVER ARISING OUT OF OR RELATED TO ANY LOSS, DAMAGE, ILLNESS OR INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY ME/MY MINOR CHILD OR LOSS OR DAMAGE TO ANY PROPERTY BELONGING TO ME/MY MINOR CHILD, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE, ARISING OUT OF OR RELATED TO MY/MY MINOR CHILD'S PARTICIPATION IN THE EVENT. I ALSO AGREE THAT, IN THE EVENT THAT ANY PERSON BRINGS ANY CLAIM OR ACTION INDIVIDUALLY OR ON BEHALF OF MY MINOR CHILD, RELATED ANY INJURY OR LOSS SUFFERED BY MY MINOR CHILD AS A RESULT OF MY MINOR CHILD'S PARTICIPATION IN THE EVENT, THAT I WILL INDEMNIFY THE RELEASEES AGAINST SUCH CLAIMS, INCLUDING PAYMENT OF ATTORNEY FEES. I AGREE THAT THIS DOCUMENT SHALL BIND MY GUARDIAN, ASSIGNS, HEIRS, ADMINISTRATORS AND EXECUTORS FOREVER.

(if Participant is younger than 18)
circle how related to Participant: Parent or Guardian

Name _____

D/O/B _____

SIGNATURE OF PARTICIPANT

SIGNATURE OF PARENT/GUARDIAN
(MUST sign if Participant is younger than 18)

_____ Date: _____

_____ Date: _____

PHONE NUMBER OF PARTICIPANT (or Parent/Guardian if Participant is younger than 18) _____

MAILING ADDRESS OF PARTICIPANT (or Parent/Guardian if Participant is younger than 18) _____
