MURRAY CITY RECREATION

Lucky Leprechaun

3K & 5K

SATURDAY MARCH 16 @ MURRAY OUTDOOR POOL

RACE AT 11AM - CHECK-IN AT 10:30AM

$10 RESIDENT / $15 NON-RESIDENT

Prizes: 1st-3rd overall in 3K & 5K
Gift included for each participant

Register online at www.mcreg.com

801-284-4200

Lucky Leprechaun 3K & 5K

☐ 3K or ☐ 5K

Participant's Name_____ DOB _____ /_____ /_____ Age _____ M/F_____
Address _____ City _____ Zip _____
Phone _____
Email _____
Emergency Contact _____ Relationship _____ Phone _____
Does the Participant have any limitations? Y/N If yes, please describe: _____
How did you hear about this program?

CONCUSSION POLICY

As the parent or legal guardian of _____ (participant), who is participating in _____ (activity/sport), I acknowledge that I have received a copy of, read, understand, and agree to abide by Murray City's Concussion and Head Injury Policy (the "Policy"). I hereby state that:

[ ] my child *has not* previously sustained a concussion or head injury; or
[ ] my child *has* previously sustained a concussion or head injury and I have provided the City with an acceptable medical clearance.

I release and agree to hold harmless the City from any and all claims, demands, losses, liabilities, damages, costs, and fees from concussions or head injuries that arise when I have not complied with the Policy. Parent/Guardian Initials _____

MURRAY CITY PARKS AND RECREATION RELEASE OF LIABILITY AND WAIVER OF CLAIMS - *Read before signing*

In consideration of being allowed to participate in any way in Murray Aquatic Club and its related events and activities, I hereby acknowledge, appreciate, and agree that: The risks of injury and illness (including, but not limited to, physical or psychological injury, communicable diseases (such as MRSA, influenza, COVID-19, etc.), pain, suffering, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and death) of participating in the Activity are significant, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of others, including, but not limited to, other participants, volunteers, spectators, coaches, and Activity officials, and I assume full responsibility for my child's participation; and, I willingly agree to comply with the Activity's rules and conditions to participate. If, however, I observe any unusual or significant hazard during my presence or participation in the Activity, I will remove myself from the Activity and bring such attention of the nearest official immediately; and, I for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Murray City Corporation, its employees, officers, directors, volunteers, elected officials, and agents (hereinafter collectively referred to as the "City"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, and from any and all liabilities incident to my participation in the Activity, to the fullest extent permitted by law.

I understand that the City shall have no responsibility to pay for any medical treatment and related costs if I become injured, sick, or otherwise harmed while participating in the Activity and, in the event that I should require medical care or treatment for any injury or illness, I agree to be financially responsible for any costs incurred as a result of such treatment.

REFUND POLICY

Refunds must be requested in written form. As per Murray City Parks and Recreation policy & procedures, the Parks and Recreation Division may withhold 25% of the refund (program registration fee) for administrative costs. Refunds requested after the first day of the program shall be at the Recreation Coordinator or Recreation Director's discretion. Parent/Guardian Initials _____

MEDIA CONSENT

[ ] Opt In: I hereby grant permission to Murray City to use my child's photograph, video image, quotes/comments, or name for publicity and educational purposes in any and all publications and media without limit or compensation. Parent/Guardian Initials: _____

[ ] Opt Out: Initial if you **do not** authorize Murray City to post or publish the name or media of your child participating in the above activity to any Murray City operated website. Parent/Guardian Initials: _____

By signing this CONCUSSION POLICY, RELEASE OF LIABILITY AND WAIVER OF CLAIMS, REFUND POLICY, AND MEDIA CONSENT, I acknowledge that I have read its contents and disclosures, and that I agree to its terms and agreements. If any portion of this agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effects.

PRINTED NAME (*Parent or Legal Guardian*) _____

SIGNATURE (*Parent or Legal Guardian*) _____ Date ____ /____ /_____