



Retro 5K Race Series

75 YEARS
SALT LAKE COUNTY
PARKS & RECREATION

Lace up those neon running shoes and don your best retro apparel for three 5K retro races this fall. Participate in one or challenge yourself to complete all three. Multiple starting waves will take place for you to start at a time that works best for you! All ages and abilities welcome.

\$20 per participant per race
Includes: shirt and goody bag

\$50 per participant for all 3 races
Includes: shirt, goody bag, and interlocking race medals (1 medal for each race)

Dates:	Locations:	Times:
Saturday, September 11	Valley Regional Park 4948 South 2700 West Taylorsville	Waves every 15 minutes From 8-10:15 AM Course closes at 11 AM
Saturday, September 25	Canyon Rim Park 3100 South Grace Street Millcreek	Waves every 15 minutes From 8-10:15 AM Course closes at 11 AM
Saturday, October 9	Granite Park 2725 Grouse Creek Circle Sandy	Waves every 15 minutes From 8-10:15 AM Course closes at 11 AM

Register online: recreation.slco.org/75-years



Find us on
Facebook

@slcoparksandrec

#peopleparksandplay



For inclusion opportunities for people with disabilities
contact 385-468-1520 or InclusionRec@slco.org

5K Retro Race Series

CHECK ALL BOXES THAT APPLY:

<u>Race Series:</u>	<u>Waves:</u>	<u>Shirt Sizes:</u>	
<input type="checkbox"/> Valley Regional Park Race <input type="checkbox"/> Canyon Rim Park Race <input type="checkbox"/> Granite Park Race <input type="checkbox"/> All 3 Races	Waves every 15 minutes From 8-10:15 AM Courses close at 11 AM	<input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large	<input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult X-Large

First Name: _____ Last Name: _____ DOB: _____

Street Address: _____

Zip: _____ City: _____ State: _____

Day Time Phone: _____ Evening Phone: _____ Cell Phone: _____

Email: (For important program updates) **PLEASE WRITE CLEARLY:** _____

In emergency notify (other than parent or guardian): _____ Phone: _____



Check here to be contacted about inclusion opportunities for people with disabilities.

Parental Statement of Agreement - Assumption of Risk, Liability Release and Refund Policy

Assumption of Risk: I hereby acknowledge and agree that my child's participation in recreational activities involves inherent foreseeable and unforeseeable risks and hazards which may expose my child, or me, to illness, injury, or death. In consideration of my child's participation in such activities, I for myself, my child, my heirs, my executors and administrators, freely and voluntarily agree to assume and accept any and all risks to my child or myself associated with my child's participation in Salt Lake County recreational activities.

Release: In consideration of my child's participation in the Salt Lake County recreational activities, I, for myself, my child, my heirs, my executors and administrators hereby release Salt Lake County and its officers, agents, and employees from any cause of action, claim, or demand of any nature whatsoever I or my child may now have, or have in the future, against Salt Lake County on account of personal injury, property damage, death, or accident of any kind, caused by, arising out of, or in any way related to my child's participation in Salt Lake County recreational activities.

Indemnification: In consideration of my child's participation in the Salt Lake County recreational activities, I agree to indemnify and hold harmless County, its officers, agents, and employees from any and all causes of action, claims, demands, losses, or costs of any nature whatever cause by, arising out of, or in any way related to my child's participation in the Salt Lake County recreational activities. I agree that my duty to defend and indemnify the County under this Agreement includes all attorney fees, litigation and court costs, expert witness fees, and any sums expended by or assessed against the County for the defense of any claim or to satisfy any settlement, arbitration award, or verdict paid or incurred on behalf of the County arising out of or in any way related to my child's participation in the Salt Lake County recreational activities.

Refund: Refunds may only be requested in person and must be accompanied by a written request. As per Salt Lake County policy and procedures the Parks and Recreation Division may withhold 25% of the refund (program registration fee) for administrative costs. No refunds shall be given after the first day of the program.

Collections: I agree to pay Salt Lake County all costs incurred, together with reasonable attorney's fees in the event that my account is referred for collection. I understand that any account delinquent 30 days or more will be turned over to collection.

Emergency Treatment: I hereby authorize Salt Lake Parks and Recreation program staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise therefrom.

Media Consent: I hear by grant permission to Salt Lake County to use my or my children's photograph, videotaped image, quotes/comments, or name for publicity and educational purposes in any and all publications and media without limit or compensation.

Name Posting: Unless otherwise indicated below, Salt Lake County is authorized to post or publish the name of my child participating in Salt Lake County recreational activities on the Salt Lake County website.

_____ I **do not** authorize Salt Lake County to post or publish the name of my child participating in Salt Lake County recreational activities on the Salt Lake County website.

By signing this assumption of risk, liability release, and refund policy statement, I acknowledge that I have read its contents and disclosure, that I understand its contents and disclosure, and that I agree to its terms. 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 effect.

Parent/Guardian Signature: _____ Date: _____

For Office Use Only: Amount: _____ Receipt #: _____ Date: _____ By: _____