



**EIGHTH ANNUAL
BUNNY HOP 5K
APRIL 8, 2023
DAYVILLE, OR**

RACE STARTS AT 9:00 AM

REGISTRATION STARTS AT 8:00 AM

PARK NEAR DAYVILLE COMMUNITY HALL

RACE WILL BEGIN AND END

AT DAYVILLE COMMUNITY HALL

COST: \$20 PER PERSON

FREE GOODIE WITH REGISTRATION

**PROCEEDS BENEFIT THE DAYVILLE COMMUNITY
HALL & FUTURE CITY EVENTS**

**APRIL 8, 2023 BUNNY HOP 5K WALK/RUN
REGISTRATION AND RELEASE OF LIABILITY**

Name: _____

Birth Date: _____ Gender: **MALE** **FEMALE**

Age Division: **0-13** **14-26** **27-49** **50+**

Phone: _____

E-mail: _____

Mailing Address: _____

Emergency Contact: _____

Emergency Phone: _____

CHECKS PAYABLE TO: CITY OF DAYVILLE

SEND REGISTRATION FORMS TO:

**winkelej@gmail.com
OR**

**CITY OF DAYVILLE
PO BOX 321
DAYVILLE, OR 97825**

I understand that participation in the Bunny Hop 5k Walk/Run events, carries with it a certain element of risk, and that by participating in these events, myself or my child will be exposed to a variety of hazards and risks of injury, both foreseen and unforeseen and which cannot be eliminated due to the nature of the activities. These risks include harm to myself or my child, his or her property, and harm to others.

In consideration for providing myself or my child the opportunity of participating in the aforementioned activities, while fully recognizing the dangers and hazards inherent in participating in the above mentioned Bunny Hop 5k Walk/Run activities and any related transportation to and from activity events, to the fullest extent allowed by law, **on behalf of myself and my minor child, I hereby voluntarily agree to waive and discharge any and all claims of whatever nature and release from liability, fully and finally, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, our successors, and to release, exonerate, discharge and Hold Harmless the City of Dayville, the Grant School District #163, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from any and all liability, claims, causes of action, or demands including attorneys fees, arising out of any injuries of any kind, whether physical or emotional, to me, my child, or to our property, or losses of any kind which may result from or in connection with myself or my child's participation in the Bunny Hop 5k Walk/Run, up to and including injuries stemming from the actions of the District or its employees or agents. I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of myself or my child.**

In the event that myself or my child may require emergency medical treatment while participating in the aforesaid activities, I authorize the City and/or School District and its employees to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of an accident or illness and I will provide for the payment of these costs.

This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.

I certify that I have read this release and fully understand its contents. I have read this Agreement in its entirety and I freely and voluntarily assume all risks of such hazards and notwithstanding such, I agree to participate with myself or my child(ren) in this activity.

Dated this _____ Day of _____, 2023

Signature of Participant: _____

COMPLETE IF PARTICIPANT IS UNDER AGE 18:

Parents Name(s): _____ Parent's Phone: _____

Parent Signature if participant is under age 18: _____