

Raiders Cross Country Grand View Days 5K Fun Run

Walkers and runners of all ages and abilities are welcome!

July 8, 2023 8:00 am

Pre-registration Form **Due June 21, 2023** (race day registration also available)

*One form required per participant

| Last Name | _First Name | |
|--|--------------------------|---|
| Address | | |
| City | _State | _Zip |
| Phone | _ | |
| Date of Birth/ | | |
| T-Shirts will be provided to all pre-registered ru first-come first-served basis. Available sizes are | | ring on race day will receive shirts on a |
| YOUTH: S M L ADULT: S M L | XL XXL (Circle On | e) |
| Payment | | |
| Individual | | \$20.00 |
| Family (limit of 4 people, a | add \$10/person after 4) | \$50.00 |
| | Total | |
| Enclosed is my registration check for \$ | payable to Rimrocl | c Cross Country |
| I would like to donate \$ to the cr | oss country team (op | tional) |
| *All profits from the race will benefit the Rimre | ock Cross Country Bo | ys/Girls Teams |

^{*}Please mail forms to Melissa Raymond, 1620 W Whitted Rd, Grand View, ID 83624

For questions please contact Melissa Raymond 208-863-0335

Waiver: I hereby declare, assert and affirm that participation in Grand View Days PTA 5K Run/Walk is done having voluntarily and knowing assumed ALL RISKS involved in this Special Event. The immediate physical risks and hazards associated with normal, vigorous physical activity include (but are not limited to) physical discomfort, fatigue, muscular soreness, falls, pulled or strained muscles, overuse injuries, heat stress, and the rare instance of abnormal responses of the cardio-respiratory system including heart arrhythmia, heart attack, stroke, and sudden death. In consideration of acceptance of this contract allowing my participation in the above stated Special Event and intending to be legally bound thereby, I hereby for myself, my heirs, executors, administrators and assigns, WAIVE AND RELEASE any and all rights and claims for negligence, injuries, damages or losses that I may incur against all participating agencies involved in the above stated Special Events including their respective employees, agents, representatives, successors and assigns, for any and all activities connected with the above Special Event.

| Print Name | Date |
|------------------------------------|------------------------------------|
| | |
| | |
| | |
| | |
| Signature | |
| Parent/Legal Guardian must sign if | participant is under the age of 18 |