



BENEFITTING THE Grant County Library Foundation Capital Campaign

JUNE 22ND, 2019 • 125 NW CANTON ST., JOHN DAY, OR
REGISTRATION @ 8:00 AM • FUN RUN STARTS @ 9:00 AM

Name: _____ Email: _____

Mailing Address: _____

Phone: _____ Birth Date: _____ Gender: _____

**COST IS \$20 TO RACE. T-SHIRT ORDERS
CAN BE PLACED BY CONTACTING A GCLF BOARD MEMBER.**

PLEASE MAKE CHECKS PAYABLE TO THE
GRANT COUNTY LIBRARY FOUNDATION
OR PAY VIA PAYPAL @ WWW.GCLIBRARYFOUNDATION.ORG

SEND FORMS TO: PO BOX 875, JOHN DAY, OR 97845
OR GCLIBRARYFUND@GMAIL.COM



I understand that participation in a running event 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 activities, 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, or estates, our heirs, our administrators, our executors, our assignees, our successors, and to release, exonerate, discharge and Hold Harmless the Grant County Library Foundation, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from any and all liability, claims, causes of action, or demands including attorney 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 Book It 5K, up to and including injuries stemming from the actions of the Foundation or it's members 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 Grant County Library Foundation and its employees & volunteers 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 _____ 2019. Signature of Participant: _____

Complete If Participant is Under 18 Years of Age Guardians name: _____

Signature: _____ Guardians Phone #: _____