

# Team Billis 5k Run Your Butt Off!

One registration form is required per participant.

I plan to:  Run  Walk

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

## Payment

Registration with t-shirt and bracelet \$35.00

Registration \$5.00

Kids (12 & Under) free

Sub-Total \$ \_\_\_\_\_

My Personal Donation to help Billis with Cancer \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Enclosed is my check for \$ \_\_\_\_\_ payable to Team Billis 5K

Waiver: I hereby declare, assert and affirm that participation in TeamBillis 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 Event, specifically Team Billis 5K, The City of Colorado City AZ, The city of Hildale UT, and their respective employees, agents, representatives, successors and assigns, for any and all activities connected with the above Special Event. I also understand that I do hereby WAIVE any and all rights or benefits under the State of Utah & Arizona Worker's Compensation laws for any injury incurred as a result of my participation in this event, including disregard of the posted route.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Parent/Legal Guardian must sign if  
participant is under the age of 18