

4TH ANNUAL **RACE** for the  
**GOALS**  **LINE**  
 2011 Family 5K Run/Walk

**WHEN:** Saturday, May 14, 2011 Run starts at 7:30 a.m.  
**WHERE:** Taylorsville Football Field  
 Taylorsville High School  
 5225 South Redwood Road  
 Taylorsville, UT

**EARLY REGISTRATION DEADLINE:**

Monday, May 9, 2011  
 Cost: \$20 Adult  
 \$15 Student  
 \$10 Child (ages 5-12)  
 Under 5 free  
**Shirt included with early registration**

**LATE REGISTRATION DEADLINE:**

Tuesday, May 10, 2011 or After  
 Cost: \$20 Adult  
 \$15 Student  
 \$10 Child (ages 5-12)  
 Under 5 free  
**No shirt provided**

**REGISTER TODAY!** Complete and return this entry form to any Taylorsville High School football player  
**OR MAIL IN:** THS Football Booster Club, 4987 Valois Drive, Taylorsville, UT 84118

Registration available the day of the race at 6:45 a.m.-7:15 a.m. (NO SHIRT)

For more information visit us on  Taylorsville High School Football or call 801-967-9624

----- CUT AT THIS LINE -- RETAIN TOP PORTION -- MAIL BOTTOM PORTION WITH PAYMENT TO ADDRESS ABOVE -----

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

Sold By (Name of Football Player) \_\_\_\_\_

Make checks payable to: THS Football Boosters Payment must be received no later than May 9, 2011

**SHIRT SIZE:** YS YM YL S M L XL XXL XXXL

**No shirts for registrations received after May 10, 2011**

**STATEMENT OF AGREEMENT, ASSUMPTION OF RISK LIABILITY RELEASE INDEMNIFICATION & REFUND POLICY**

**1. Release & Indemnification:** I hereby, recognize and acknowledge my participation in recreational activities may involve bodily and/or emotional injury to myself. In consideration of me being able to participate in such events, I, for myself, my heirs, my executors, and administrators, hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive, and discharge Taylorsville City, Taylorsville High School, and THS Booster Club, and its officers, employees, and volunteers from any suits, claims or liability, including negligence, based on any injury except that caused solely by willful misconduct of above named entities, that my result from my participation in the stated recreational activity. In addition I agree that I or my insurance company will pay for any and all medical, hospitalization, or other expense resulting from my participation.

**2. Emergency Treatment:** I hereby authorize Activity Sponsor's staff to act on my behalf in accordance with their best judgment in case of an emergency involving myself, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise there from. I understand that I or my insurance company will pay for such emergency treatment.

**3. Equal Opportunity:** This event provides equal opportunity to participate regardless of race, creed, gender, and, upon request reasonable accommodations to individuals with disabilities will be provided.

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

Signature of Participant or Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_