

RAIN OR SHINE . . . Come Join

Daffodil Daze

**1K - DAFFODIL HILL
COMMUNITY FUN WALK**

Children under 12 must be accompanied by an adult

SUNDAY, MARCH 28, 2010

OPEN to ALL Ages

\$5 entry benefiting the

Shady Cove Boys & Girls "COOL CLUB"

**Or FREE with Non-Perishable Food Item(s) to benefit the
SHADY COVE FOOD PANTRY**

**Check in between 12:00 Noon to 12:45 pm Warm Up: 12:45 pm
Walker Center, on Sawyer Road 1K FUN Walk leaves at 1:00 pm**

Organized by River Plaza Fitness Center

**Registration Forms may be picked up at Fitness Center, 1st Run Video, or download
On-Line at: www.shadycoveinfo.com * Info: (541) 878-2662**

-----Clip & Return via Mail or at Check-In -----

DAFFODIL DAZE 1K Community FUN Walk *

Mail signed registration Form to: Daffodil Walk, P. O. Box 1425, And Shady Cove, OR 97539

Last Name: _____ First Name: _____ Gender: M F Age: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Email: _____

Waiver & Release of Liability (must be signed)

In consideration of my and/or child's/dependent's participation in the **Daffodil Daze Festival 1K Community FUN Walk**, to be held on **Sunday, March 28, 2010**, commencing with check-in and warm-up at Walker Center, Sawyer Road, and walk up "Daffodil Hill", on behalf of myself, my child/dependent and all heirs, representatives and next of kin, **I agree to release from all liability, hold harmless and promise to not sue** the "Daffodil Daze 1K Community FUN Walk (Event), River Plaza Fitness Center, Shady Cove Business Association, Upper Rogue Regional Tourism Alliance, City of Shady Cove, Jackson County, and their respective officers, agents, volunteers and employees (collectively "Daffodil Daze 1K Community FUN Walk) from any and all claims, including claims of Event negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I or my child/dependent may suffer because of participating in this Event.

I and/or my child/dependent are voluntarily participating in this Event. I am aware of the risks associated with participating in this Event., which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes, inaction or negligence, or the condition of the Event location. **Nonetheless, I assume all related risks, both known or unknown to me, of my or my child's/dependent's participation in this Activity/Event.**

If I and/or my child/dependent need emergency medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I agree that any photographs or recordings taken of me or my child/dependent may be used at the Event's discretion without compensating me or my child/dependent at this Event.

I am 18 years or older. I have read this document, and I am signing it freely. **I understand the legal consequences of signing this document including (a) releasing the Daffodil Daze 1 K Community FUN Walk from all liability, (b) promising not to sue the Event and/or organizers, (c) and, assuming all risks of participating in this Event.**

X _____ X _____ X _____
Participant Name (Please Print) Participant Signature (Parent/Guardian if under 18) Date