

JULY 4^{TH} FUN RUN REGISTRATION FORM & WAIVER

Aurora Parks and Recreation Department 129 W. Pioneer Trail, Aurora, OH 44202 (330) 562-4333

(330) 562-4333								
CONTACT INFORMATION								
Contac	t Name:							
Addres	s:							
City: _		State:	Zip Code:	Best Con	tact Phone #: (_			
E-mail								
Date of Birth:		Age:		_ Gender:				
Race: _	1 Mile	_ 5K Bo	oth Races					
T-Shirt	Size:YS	YMY	′LAS	AMAL	AXL	_A2XLA3XL		
			EVENT I	NFORMATION				
 Register online at https://runsignup.com/Race/OH/Aurora/July4thFunRun Location: Bicentennial Park 115 E. Pioneer Trail – Corner of route 43 and E. Pioneer Trail Schedule: 7am – Registration/Check-in 8am – 1 Mile Start 8:30am – 5K Start Cost: Pre-Registration by Friday, June 18: 1 Mile or 5K - \$20 Both - \$25 After June 18 and Day of Registration: 1 Mile or 5K - \$25 Both - \$30 Award Categories: Top 3 finishers for both men and women in each category 1 Mile - 6 & under, 7-9, 10-12, 13-14, 15-19, 20-39, 40+ 5K - 10 & under, 11-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60+ Masters - 40+ special award given Drive-Through Packet Pick-Up Information: Wednesday, June 30 4:00pm - 7:00pm Aurora High School - 109 W. Pioneer Trail All registrants are encouraged to pick-up their shirt and bib prior to the race on Saturday. Please note that this event could go virtual due to Covid-19 restrictions. If not registering online, please sign and date both this registration form and waiver and mail, or drop off, both registration form with check or cash to: 								
			. 12	Community Event 9 W. Pioneer Trai Jurora, OH 44202				

Date _



CITY OF AURORA WAIVER AND RELEASE

The undersigned	, on , in consideration
to participate in this event, agrees to assume any and all liability and hold the City of agent(s) thereof harmless against any liability which may arise due to our p	
I/We further acknowledge that the City of Aurora, and any agent thereof, assume no responsibilinjuries which may occur in our participation of this event.	ty for any damages or
I/We agree to defend, indemnify and hold harmless the City of Aurora and/or any agent thereof, demand, suit, loss, cost of expense, or any damage which may be asserted, claimed or recovered of Aurora or its agents by reason of any damage to property, personal injury or bodily injury, including any person whomsoever and which damage, injury, or death arises out of or is incident to or it with this participation and regardless of whether such claim, demand, damage, loss, cost or expensive the negligence of the City of Aurora or by third parties, or by the agents, servants, any of them.	d against or from the City uding death, sustained in any way connected inse is caused in whole
I/We agree to waive and release any and all rights and claims for damages I may have against the Parks and Recreation Department, its representatives, successors and assigns for any and all injury participating which includes possible exposure to, and illness from, infectious diseases including MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this rightness and death does exist. I knowingly and freely assume all such risks, both known and unknown the negligence of the City of Aurora and the Parks and Recreation Department or others, and assign for my participation. I warrant that I have the right to authorize the foregoing uses and do herely of Aurora and the Parks and Recreation Department harmless of and from any and all liability of may arise out of or result from such uses. I, for myself and on behalf of my heirs, assigns, personnext of kin, hereby release and hold harmless and indemnify the City of Aurora Parks and Recreat officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, a applicable, owners and lessors of premises used to conduct the event with respect to any and all disease, disability, death, or loss or damage to person or property, to the fullest extent permitted	ries suffered by myself ng but not limited to sk, the risk of serious own, even if arising from sume full responsibility by agree to hold the City whatever nature which onal representatives and tion Department their dvertisers, and if illness from infectious
I/We further confirm possession of sufficient casualty insurance covering injury, death or damage caused by me or any of my volunteers or employees.	e to persons or property
I/We further agree to abide by all ordinances, laws and regulations of the City of Aurora and the	State of Ohio.
Organization Contact Signature	Date
Authorized Representative Signature	Date