

4th of July **FUN DAYS RACES**

2025

REGISTRATION DEADLINE **JUNE 3** \$5 late fee added after deadline

ADULT 5K

AGES 10+

RACE TIME **8AM**

CHECK-IN **7AM-7:45AM**
at Constitution Circle

\$30 MURRAY RESIDENT
\$40 NON-RESIDENT

KIDS RACE

AGES 4-9

9AM RACE TIME

7AM-8:30AM CHECK-IN
at Constitution Circle

MURRAY RESIDENT **\$12**
NON-RESIDENT **\$17**

T-SHIRTS
FOR ALL
PARTICIPANTS

Register by deadline
for guarantee of
requested
size



Register Online
MCREG.COM



CASH AWARDS

Individuals may win cash prizes in only one division

OPEN DIVISION Top 3 Adult Males & Females

MASTERS DIVISION Top 3 Adult Males & Females

EARLY CHECK-IN

WEDNESDAY THURSDAY

JULY 2 & JULY 3

5:30AM to 9PM

AT THE PARK CENTER
202 E. Murray Park Avenue

NO BANDITS



**RACE DAY REGISTRATIONS
WILL NOT BE ACCEPTED**

2025 FUN DAYS RACE

Participant _____ DOB ____/____/____ Age ____ M/F
Address _____ City _____ Zip _____
Parent/Guardian (if under 18 yrs) _____ Phone _____
Email _____
Emergency Contact _____ Relationship _____ Phone _____
Does the Participant have any limitations? Y/N If yes, please describe: _____
How did you hear about this program? Murray Journal ____ Social Media ____ Website ____ Flyer ____ Poster ____
Email ____ Word of Mouth ____ Previous Participant ____

ADULT 5K DIVISION (circle one)

11U 19-24 35-39 50-54 65-69 80-84
12-14 25-29 40-44 55-59 70-74 85+
15-18 30-34 45-49 60-64 75-79

KIDS RACE DIVISION (circle one)

4-6 years old
7-9 years old

T-SHIRT SIZE

Youth X-Small Youth Medium Youth Large Youth XL Adult Small Adult Medium Adult Large Adult XL Adult 2XL

CONCUSSION POLICY

As the above participant (18+yrs) or legal guardian of _____ (<18 yrs), who's participating in _____ (activity/sport), I acknowledge that I have received a copy of, read, understand, and agree to abide by Murray City's Concussion and Head Injury Policy (the "Policy"). I hereby state that:

- ☐ the participant **has not** previously sustained a concussion or head injury; or
☐ the participant **has** previously sustained a concussion or head injury and I have provided the City with an acceptable medical clearance.

I release and agree to hold harmless the City from any and all claims, demands, losses, liabilities, damages, costs, and fees from concussions or head injuries that arise when I have not complied with the Policy. Initials _____

MURRAY CITY PARKS AND RECREATION RELEASE OF LIABILITY AND WAIVER OF CLAIMS - Read before signing

In consideration of being allowed to participate in any way in Murray Aquatic Club and its related events and activities, I hereby acknowledge, appreciate, and agree that: The risks of injury and illness (including, but not limited to, physical or psychological injury, communicable diseases (such as MRSA, influenza, COVID-19, etc.), pain, suffering, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and death) of participating in the Activity are significant, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of others, including, but not limited to, other participants, volunteers, spectators, coaches, and Activity officials, and I assume full responsibility for my child's participation; and, I willingly agree to comply with the Activity's rules and conditions to participate. If, however, I observe any unusual or significant hazard during my presence or participation in the Activity, I will remove myself from the Activity and bring such attention of the nearest official immediately; and, I for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Murray City Corporation, its employees, officers, directors, volunteers, elected officials, and agents (hereinafter collectively referred to as the "City"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, and from any and all liabilities incident to my participation in the Activity, to the fullest extent permitted by law.

I understand that the City shall have no responsibility to pay for any medical treatment and related costs if I become injured, sick, or otherwise harmed while participating in the Activity and, in the event that I should require medical care or treatment for any injury or illness, I agree to be financially responsible for any costs incurred as a result of such treatment.

REFUND POLICY

Refunds must be requested in written form. As per Murray City Parks and Recreation policy & procedures, the Parks and Recreation Division may withhold 25% of the refund (program registration fee) for administrative costs. Refunds requested after the first day of the program shall be at the Recreation Coordinator or Recreation Director's discretion. Initials _____

MEDIA CONSENT

- ☐ Opt In: I hereby grant permission to Murray City to use the participant's photograph, video image, quotes/comments, or name for publicity and educational purposes in any and all publications and media without limit or compensation. Initials: _____
☐ Opt Out: Initial if you do not authorize Murray City to post or publish the name or media of the participant in the above activity to any Murray City operated website. Initials: _____

By signing this CONCUSSION POLICY, RELEASE OF LIABILITY AND WAIVER OF CLAIMS, REFUND POLICY, AND MEDIA CONSENT, I acknowledge that I have read its contents and disclosures, and that I agree to its terms and agreements. If any portion of this agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effects.

PRINTED NAME (Participant or Legal Guardian) _____

SIGNATURE (Participant (18+ yrs) or Legal Guardian (<18 yrs) _____ Date ____/____/____

OFFICE USE ONLY

PAID: _____ CASH CHECK CC DATE: _____ STAFF: _____