



Utah

Dental Hygienists' Association

P.O. Box 571406 Murray, UT 84157

# Creating Miles of Smiles 5K April 27, 2019

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies/Medical concerns: \_\_\_\_\_

### Participant Waiver:

**I understand that this event will take place regardless of weather and that there are no refunds.**

I am aware that running and participating this event is potentially hazardous and is only advisable if I am medically able and properly trained. I assume all risk associated with running, walking and participating in the event including, but not limited to falls, contact with other participants, conditions of the road and traffic while on the course and any effects that may be a result of weather, be it heat, cold or precipitation.

Having read this waiver and accepting these facts, I for myself, and anyone entitled to act on my behalf, waive and release the Utah Dental Hygienists' Association and all sponsors, their representatives, and successors from all claims or liabilities of any kind arising from my participation in this event even if the liabilities arise out of negligence or carelessness on the part of the person named in this waiver.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature if \_\_\_\_\_ Date: \_\_\_\_\_  
participant is under 18 years