



# Twin Falls Senior Center 4th Annual 5K Fun Run/Walk Saturday, June 15, 2019

**All run proceeds benefit the Twin Falls Senior Center's MEALS ON WHEELS**

The Run begins at the Rock Creek Canyon Parkway trail head down from the Twin Falls City Parks and Recreation Office (136 Maxwell Ave) at 9:00AM

**Pre-Registration: Individuals - \$20 Student/Track Team Rate - \$15  
Business/Employee Rate - \$200 (for 10-15 employees) Additional employees - \$10  
Family Rate: 1-2 Parents and 2 additional children under age 12 - \$50  
(Additional children with paid family rate - \$10 each)**

Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

**Pre-Registration Costs:** Individual: **\$20** \_\_\_\_\_ Family (MAX 4 runners) Rate: **\$50** \_\_\_\_\_  
Business/Employee (10-15) Rate: **\$200** \_\_\_\_\_ Business Name: \_\_\_\_\_  
Student/Track Team Member: **\$15** \_\_\_\_\_ Track/School Team: \_\_\_\_\_

**Run Day Registration Costs: Additional \$20 fee + Pre-Reg. Cost Total payment: \$** \_\_\_\_\_

**Name/Ages of Runners:** 1) \_\_\_\_\_ Age \_\_\_\_\_ 2) \_\_\_\_\_ Age \_\_\_\_\_  
3) \_\_\_\_\_ Age \_\_\_\_\_ 4) \_\_\_\_\_ Age \_\_\_\_\_ 5) \_\_\_\_\_ Age \_\_\_\_\_  
Additional: 6) \_\_\_\_\_ Age \_\_\_\_\_ 7) \_\_\_\_\_ Age \_\_\_\_\_ 8) \_\_\_\_\_ Age \_\_\_\_\_

**Make checks payable to: Twin Falls Senior Center Mail Registration to: PO Box 23, TF 83303**

### **Release of Liability**

I know that running/walking in a 5K race is a potentially hazardous activity. I represent that I am medically able and properly trained to participate in this event. I assume all risks associated with this event including, but not limited to, heat exhaustion, falls, and contact with other participants, effects of the weather, etc., all such risks being known and recognized by me. I hereby, for myself and anyone entitled to act on my behalf, waive and release the Twin Falls Senior Center and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

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

\_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature (If under 18 years of age)

**For Event pre-registration & general information, please visit [tfseniorcenter.com](http://tfseniorcenter.com)  
or Call **208-734-5084** or Email Jeanette Roe at [jroe@tfseniorcenter.com](mailto:jroe@tfseniorcenter.com)  
Thank you for your participation and support!!**