

**QUAY COUNTY HEALTH COUNCIL'S
QUAY COUNTY ON THE MOVE 5K FUN RUN/WALK
Saturday, September 27, 2025**

Registration begins at 7:15 am (Damon Kvols Park)

Quay County's Annual 5K Fun Run/Walk will take place September 27, 2025 beginning and ending at Damon Kvols Park. Registration will be from 7:15 to 7:45 a.m. at Kvols Park. The 5K Fun Run/Walk will begin at 8:00 am sharp with participants following the marked, looped course beginning and ending at Kvols Park. **NO ONE WILL BE ALLOWED TO JOIN THE COURSE AFTER 8AM!** There will be a comfort station on the course and at the finish.

Finisher t-shirts will be awarded at no charge to participants who complete the 5K Fun Run/Walk. The t-shirts will be available for pick-up at the Extension Office (216 E. Center St.) approximately 3 weeks after the event. Once you complete the course, **turn in your wristband** at the finish line so a Quay County on the Move t-shirt can be ordered for you.

This is not a competitive run/walk; so, bring out the whole family to join in the fun! Participants will run, walk, or roll. To expedite the registration process, pick up a registration form at the Extension Office or call 575-815-4575 to request form by email. Fill it out and bring it to registration.

All participants under 18 yrs. must have a parent/guardian signature to participate.
An adult must accompany all children under 12 yrs. throughout the event.

Adult Participant Name: _____
(Adult T-shirt Size: **S M L XL XXL XXXL or no shirt**) please circle

Wristband #

Adult Participant Name: _____
(Adult T-shirt Size: **S M L XL XXL XXXL or no shirt**) please circle

Wristband #

Adult Participant Cell Phone: _____

Family Zip Code _____

Wristband #

Child/Minor Name(s): (1) _____
(Child T-shirt Size: **S M L**;
Adult Size: **S M L XL or XXL or no shirt**) please circle

Wristband #

(2) _____
(Child T-shirt Size: **S M L**;
Adult Size: **S M L XL or XXL or no shirt**) please circle

Wristband #

(3) _____
(Child T-shirt Size: **S M L**;
Adult Size: **S M L XL or XXL or no shirt**) please circle

Emergency Contact Name: _____

Phone: _____

QUAY COUNTY ON THE MOVE

5K FUN RUN/WALK WAIVER OF LIABILITY

In consideration of being allowed by the Quay County Health Council's Healthy Eating Active Living (HEAL) Committee and the Quay County Extension Service ("Sponsors") to participate in the Quay County on the Move 5K Fun Run/Walk ("Event"), I hereby agree that:

- I agree to accept and abide by the rules and regulations of the Sponsors as established by the Sponsors and to obey the directions of the Sponsor's representatives.
- I assume all responsibility for any injuries that I may sustain in the pursuit of the above-described Event. I understand and acknowledge that the above-described Event may involve potentially dangerous situations.
- I do hereby waive, release, and forever discharge the Sponsors and the City of Tucumcari, its co-sponsors, officers, employees, agents, and servants from any and all liability arising out of or in connection with the above-described Event.
- For purposes of this agreement, liability means all claims, demands, losses, causes of action, suits, or judgments of any and every kind that I, my heirs, executors, administrators, or assignees may have against the Sponsors because of any death, personal injury, or illness, or because of any loss or damages to property that occurs during the above-described Event.
- In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be my responsibility.
- **I understand that video production and/or photography may be conducted during the Event. I grant full and irrevocable consent to the Sponsors and those acting under its permission or upon its authority, the unqualified right and permission to reproduce, copyright, publish or otherwise use my or my children's/family's photographic likenesses.**

This document contains a waiver of liability.
Please read it carefully before signing.

I acknowledge that I have received, read, understood and agreed to the above and I voluntarily sign this Waiver of Liability on behalf of me and the children/minors I am supervising.

Adult Participant/Parent/Guardian **Print Name**

Adult Participant/Parent/Guardian **Signed Name**

Date