Jingle Bell Half Marathon Relay
plus
2-Mile Run/ Walk & 1-Mile Walk

Registration form

Half Marathon Relay: ***Must be 13 and older to participate in this race.***

Leg 1 Name: _____ Age: _____ DOB: _____
First MI Last
Address: _____City: _____ Zip: _____
Phone: _____ Email: _____
Community Member: Yes or No Community Employee: Yes or No Dept: _____
Other Community/City: _____

Leg 2 Name: _____ Age: _____ DOB: _____
First MI Last
Address: _____City: _____ Zip: _____
Phone: _____ Email: _____
Community Member: Yes or No Community Employee: Yes or No Dept: _____
Other Community/City: _____

Leg 3 Name: _____ Age: _____ DOB: _____
First MI Last
Address: _____City: _____ Zip: _____
Phone: _____ Email: _____
Community Member: Yes or No Community Employee: Yes or No Dept: _____
Other Community/City: _____

Leg 4 Name: _____ Age: _____ DOB: _____
First MI Last
Address: _____City: _____ Zip: _____
Phone: _____ Email: _____
Community Member: Yes or No Community Employee: Yes or No Dept: _____
Other Community/City: _____

In consideration of my participation in the Health Services' Disease Prevention Program's **Jingle Bell Half Marathon Relay Event** on **Saturday, December 17, 2011**, I hereby for myself, my heirs, my executors and administrators waive any and all rights and claims for damages I may have against Salt River Health Services Department, Disease Prevention Program, Salt River Pima-Maricopa Indian Community, the groups, the sponsors, and any individual associated with the event for any claim damages or injuries sustained by me during the fitness event/program.

1. Signature: _____ Date: _____
   If minor, Parents'/Guardians Signature
2. Signature: _____ Date: _____
   If minor, Parents'/Guardians Signature
3. Signature: _____ Date: _____
   If minor, Parents'/Guardians Signature
4. Signature: _____ Date: _____
   If minor, Parents'/Guardians Signature

Jingle Bell Half Marathon Relay
plus
2-Mile Run/ Walk & 1-Mile Walk

Registration form

Choose your event:

___ 2 Mile Run/Walk **___ 1 Mile Walk (4 laps on the track)**

Name: _____ Age: _____ DOB: _____
First MI Last
Address: _____City: _____ Zip: _____
Phone: _____ Email: _____
Community Member: Yes or No Community Employee: Yes or No Dept: _____
Other Community/City: _____

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