

Disease Prevention Program's

2012 New Year's Roadrace 8k

To honor the Salt River Cancer Support Group

Saturday, January 28, 2012

Registration Form

Check which event you will be participating in:

0.6 mile Kids run (12 and under)

8k (4.97 miles)

1-Mile Family Walk

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

Age day of race: _____

Gender: Male or Female

SRPMIC Community Member? Y N

Reside in SRPMIC? Y N

SRPMIC Tribal Employee? Y N

Dept: _____

SRPMIC Enterprise Employee? Y N

Enterprise: _____

Other Community: _____

In consideration of my participation in the Health Services' Disease Prevention Program's 2012 New Year's Roadrace on Saturday, January 28, 2012, 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.

x _____
Participant's Signature

Date

x _____
Parent or Guardian if under 18 year of age

Date