



SRPMIC Diabetes Program

# 2012 SPRING BREAK MADNESS

SATURDAY, MARCH 17, 2012

Salt River High School Athletics building parking lot

## Registration Form



*Check which event you will be participating in:*

4-MILE

1-MILE

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 Spring Break Madness 4-Mile & 1-Mile** on **Saturday, March 17, 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*