NAME:

Address:

City: State: Zip:

Email:

Gender: M F Birthday: MO DAY YEAR

Phone #: - -

Is this your first ½ marathon? ☐ Yes ☐ No Estimated Finish Time: _____ hrs _____ min

Are you a Community Member or Resident of SRPMIC? ☐ Yes ☐ No If yes, SRID#: _____

If no, tribal affiliation: _____

T-shirt size (adult sizes only): ☐S ☐M ☐L ☐XL ☐ 2XL ☐3XL

Are you a SRPMIC Tribal/Enterprise Employee? ☐ Yes ☐ No If yes, Dept.: _____

Signature (if under 18yrs of age, parent/guardian signature) Date

MAIL REGISTRATION TO

SRPMIC – Admin Dept
Attn: Toni Harvier
10005 E Osborn Rd
Scottsdale, AZ 85256

or

SRPMIC – Fitness Center
ATTN: Michelle N. Reina-Long
10005 E Osborn Rd
Scottsdale, AZ 85256

★ WAIVER ★

I on behalf of myself, marital community, and heirs and assigns hereby irrevocably release and forever discharge the SRPMIC/Divisions/Event Sponsors including its past and present insurers, attorneys, agents, representatives, employees, successors, assigns, heirs and administrators ("the Released Parties"), from any and all claims, demands, obligations, losses, causes of action, costs, expenses, attorney fees and liabilities of any nature whatsoever, whether based on contract, tort, statutory or other legal or equitable theory of recovery, whether known or unknown, which I have, had or claim to have against any or all of the Released Parties, including but not limited to any and all claims which relate to, arise from, or are in any manner connected to participation in the October 27, 2012, 4thAnnual SRPMIC ½ Marathon, the Youth Progressive ½ Marathon, ½ Marathon Relay. I acknowledge that I am aware of the inherent risks in participating in an athletic event of this type. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been verified by a licensed medical doctor. Furthermore, I hereby grant full permission to any and all of the foregoing to use my name, my voice, and/or my picture in any broadcast, telecast, advertising, promotion or other account of this event for any purposes whatsoever. **I understand that the entry fee is nonrefundable and numbers are nontransferable.** Guidelines exclude runners going backwards, animals, bicycles, baby strollers, baby joggers, roller skates, scooters and skateboards. It is our intent to furnish the safest possible race course

TEAM CAPTAIN
Signature (if under 18yrs of age, parent/guardian signature) Date

Saturday – October 27, 2012

Salt River High School

First event 630am – Youth Progressive ½
7am Individual & ½ Marathon Relay START

☆ Individual ½ Marathon ☆
☆ ½ Marathon Relay ☆
☆ Youth Progressive ½ ☆

For more info contact
Michelle N. Reina-Long at
480-362-7320 or michelle.long@srpmic-nsn.gov

2012 Registration Form

Select Event

☐ Individual ½ ☐ ½ Marathon Relay ☐ Youth Progressive ½

NAME:

Individual – RELAY CAPTAIN – Youth Progressive

Address:

City: State: Zip:

Email:

Gender: M F Birthday: MO DAY YEAR

Phone #: - -

Is this your first ½ marathon? ☐ Yes ☐ No Estimated Finish Time: _____ hrs _____ min

Are you a Community Member or Resident of SRPMIC? ☐ Yes ☐ No If yes, SRID#: _____

If no, tribal affiliation: _____

T-shirt size (adult sizes only): ☐S ☐M ☐L ☐XL ☐ 2XL ☐3XL

Are you a SRPMIC Tribal/Enterprise Employee? ☐ Yes ☐ No If yes, Dept.: _____

500 cap for Individual & Relay

150 cap for Youth Progressive

NO RACE DAY REGISTRATION

CASH OR MONEY ORDER

Make money order payable to SRPMIC

EVENT	SRPMIC Community Member (w/SRID)	Non-Community Member
INDIVIDUAL ½ MARATHON	$20 ($10 increase after 10/10)	$40 ($10 increase after 10/10)
½ MARATHON RELAY	$100 ($20 increase after 10/10)	$100 ($20 increase after 10/10)
YOUTH PROGRESSIVE ½	$5	$10

Rule for ½ Marathon Relay

The Red Mountain ½ Marathon Relay will consist of a 3 mile out & back route to be run by RUNNER'S 1, 2 and 3 and a 4.1 mile out & back route for RUNNER 4. Teams must have a minimum of two members and a maximum of four members. Each must run at least one full leg and any member can run up to three legs in any order chosen. **Relay exchange will be located at the start/finish line.**

TEAM NAME:

NAME:

Address:

City: State: Zip:

Email:

Gender: M F Birthday: MO DAY YEAR

Phone #: - -

Is this your first ½ marathon? ☐ Yes ☐ No Estimated Finish Time: _____ hrs _____ min

Are you a Community Member or Resident of SRPMIC? ☐ Yes ☐ No If yes, SRID#: _____

If no, tribal affiliation: _____

T-shirt size (adult sizes only): ☐S ☐M ☐L ☐XL ☐ 2XL ☐3XL

Are you a SRPMIC Tribal/Enterprise Employee? ☐ Yes ☐ No If yes, Dept.: _____

Signature (if under 18yrs of age, parent/guardian signature) Date

NAME:

Address:

City: State: Zip:

Email:

Gender: M F Birthday: MO DAY YEAR

Phone #: - -

Is this your first ½ marathon? ☐ Yes ☐ No Estimated Finish Time: _____ hrs _____ min

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T-shirt size (adult sizes only): ☐S ☐M ☐L ☐XL ☐ 2XL ☐3XL

Are you a SRPMIC Tribal/Enterprise Employee? ☐ Yes ☐ No If yes, Dept.: _____

Signature (if under 18yrs of age, parent/guardian signature) Date