RUN + WALK

CHOOSE AN EVENT: ☐ 13K ☐ 3-mile ☐ YOUTH 1-mile

SATURDAY

MARCH 30, 2013

PLEASE PRINT IN BLOCK LETTERS

First Name _____ Birthday ___ - ___ - ____

Last Name _____ Sex ☐ Male ☐ Female

Address _____

City _____ State ____ Zip Code _____

Email _____

SRPMIC Community Member? ☐ Y ☐ N Reside within SRPMIC ☐ Y ☐ N

SRPMIC Tribal or Enterprise Employee? ☐ Y ☐ N

If yes, Department or Enterprise: _____

WAIVER OF LIABILITY

In consideration of my participation in the Health Services' Diabetes Program's **March Madness 13k, 3-mile, Youth Mile Run on Saturday, March 20, 2013** I hereby for myself, my heirs, my executors and administrators waiver any and all rights and claims for damages I may have against Salt River Health Services Department, DiabetesProgram, Salt River Pima-Maricopa Indian Community, the groups, the sponsors, and any individuals associated with the event for any claim damage or injuries sustained by me during the fitness event/program.

_____ _____

Participants Signature Date

_____ _____

Parent or Guardian if under 18 years of age Date

2013 MARCH MADNESS 13K

3-MILE

YOUTH MILE RUN

(5-12YRS)