RUN + WALK

SATURDAY

APRIL 27, 2013

CHOOSE AN EVENT: ☐ 8K ☐ 2 mile ☐ Kid's MILE (5-12yrs)

PLEASE PRINT IN BLOCK LETTERS

First Name _____ Birthday __ __ - __ __ - __ __ __ __

Last Name _____ Sex ☐ M ☐ F AGE __ __

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 **Spring Fever 8k, 2 mile, Kid's Mile on Saturday, April 27, 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, Diabetes Program, 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.

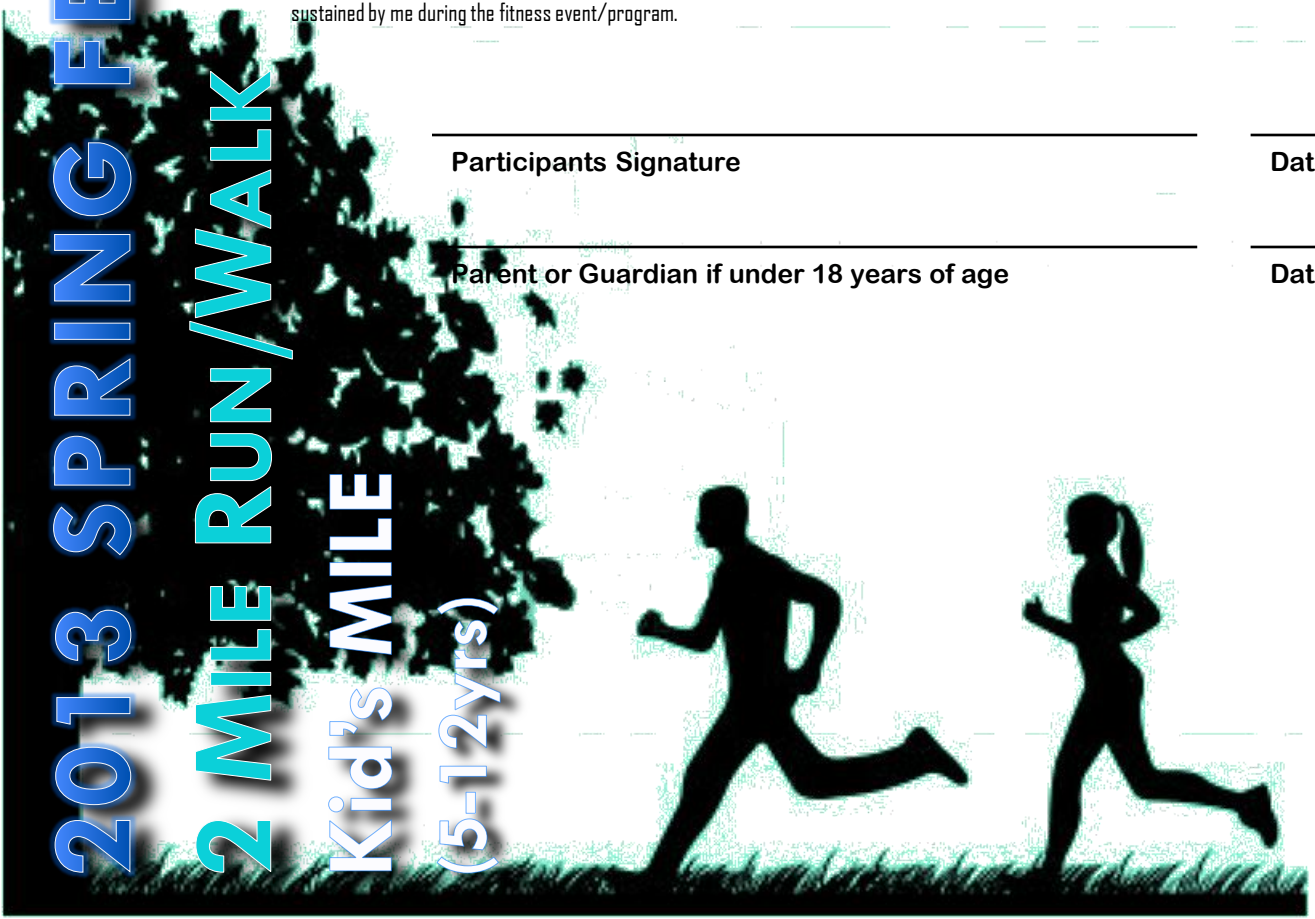
_____ _____

Participants Signature Date

_____ _____

Parent or Guardian if under 18 years of age Date

2013 SPRING FEVER 8K

2 MILE RUN/WALK

Kid's MILE (5-12yrs)