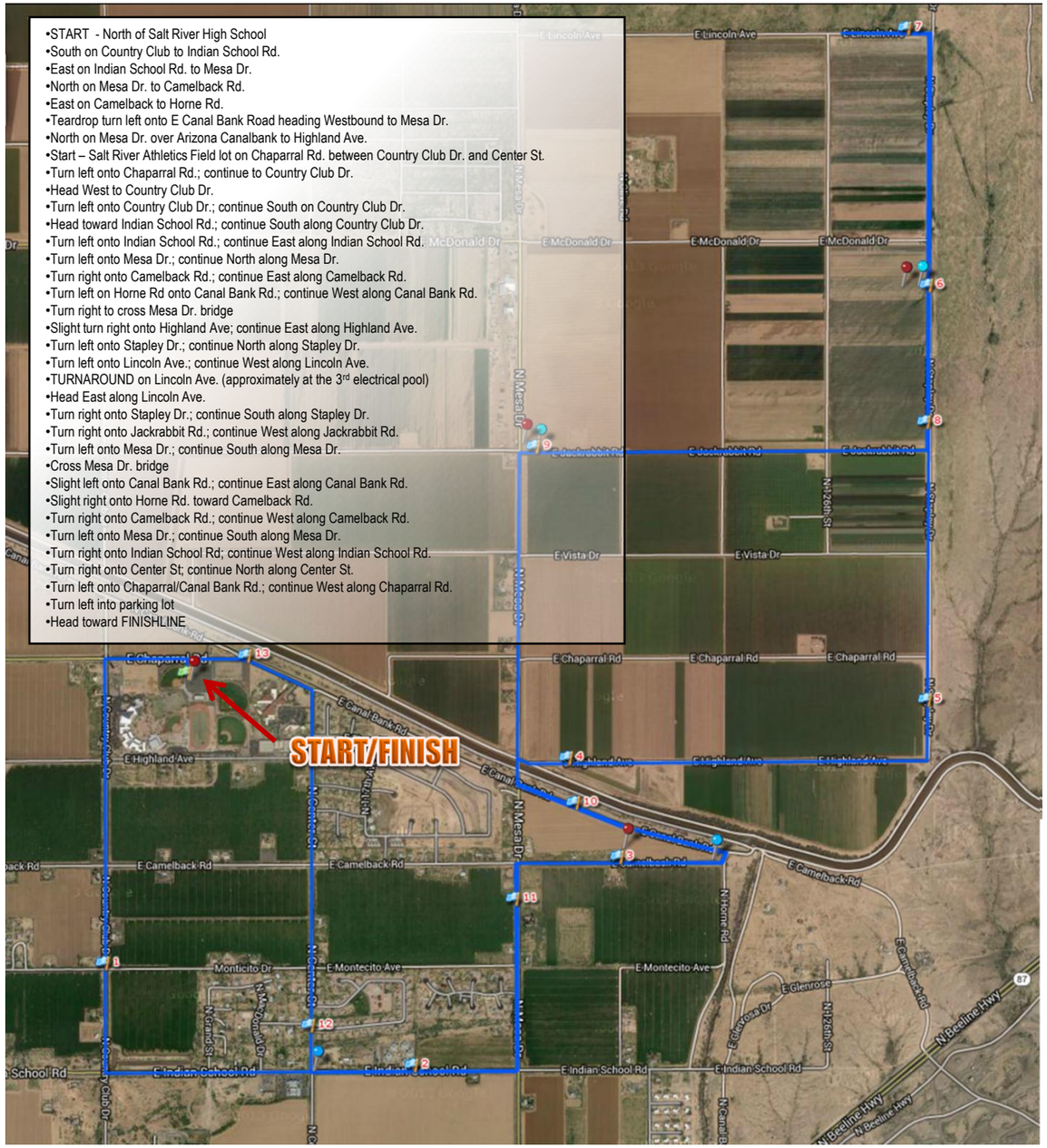
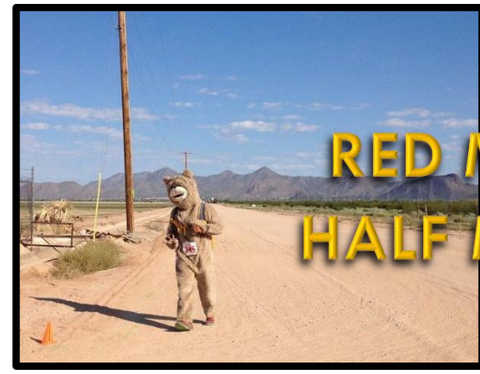
COURSE MAP



- START - North of Salt River High School
- South on Country Club to Indian School Rd.
- East on Indian School Rd. to Mesa Dr.
- North on Mesa Dr. to Camelback Rd.
- East on Camelback to Horne Rd.
- Teardrop turn left onto E Canal Bank Road heading Westbound to Mesa Dr.
- North on Mesa Dr. over Arizona Canalbank to Highland Ave.
- Start – Salt River Athletics Field lot on Chaparral Rd. between Country Club Dr. and Center St.
- Turn left onto Chaparral Rd.; continue to Country Club Dr.
- Head West to Country Club Dr.
- Turn left onto Country Club Dr.; continue South on Country Club Dr.
- Head toward Indian School Rd.; continue South along Country Club Dr.
- Turn left onto Indian School Rd.; continue East along Indian School Rd.
- Turn left onto Mesa Dr.; continue North along Mesa Dr.
- Turn right onto Camelback Rd.; continue East along Camelback Rd.
- Turn left on Horne Rd onto Canal Bank Rd.; continue West along Canal Bank Rd.
- Turn right to cross Mesa Dr. bridge
- Slight turn right onto Highland Ave; continue East along Highland Ave.
- Turn left onto Stapley Dr.; continue North along Stapley Dr.
- Turn left onto Lincoln Ave.; continue West along Lincoln Ave.
- TURNAROUND on Lincoln Ave. (approximately at the 3rd electrical pool)
- Head East along Lincoln Ave.
- Turn right onto Stapley Dr.; continue South along Stapley Dr.
- Turn right onto Jackrabbit Rd.; continue West along Jackrabbit Rd.
- Turn left onto Mesa Dr.; continue South along Mesa Dr.
- Cross Mesa Dr. bridge
- Slight left onto Canal Bank Rd.; continue East along Canal Bank Rd.
- Slight right onto Horne Rd. toward Camelback Rd.
- Turn right onto Camelback Rd.; continue West along Camelback Rd.
- Turn left onto Mesa Dr.; continue South along Mesa Dr.
- Turn right onto Indian School Rd; continue West along Indian School Rd.
- Turn right onto Center St; continue North along Center St.
- Turn left onto Chaparral/Canal Bank Rd.; continue West along Chaparral Rd.
- Turn left into parking lot
- Head toward FINISHLINE



2015 RED MOUNTAIN HALF MARATHON

For more information
Contact Michelle N. Reina-Long @ 480.362.7320 or
Toni Harvier @ 480.362.7400

2015 REGISTRATION FORM

The Red Mountain Half Marathon RELAY will be run simultaneously and on the same course as the Individual Half Marathon. There are four legs (**LEG 1** approximately 3.25 miles, **LEG 2** approximately 2.75 miles, **LEG 3** is 3 miles, and **LEG 4** is 4.1 miles). Teams MUST have a minimum of 2 members and maximum of 4 runners. Relay exchange locations and info will be emailed to each relay team member prior to race day.

ENTRY FEE

HALF MARATHON EVENTS	SRPMIC MEMBERS W/SRid	NON-SRPMIC MEMBERS
INDIVIDUAL (13 yrs. & older)	$30	$40
ALL RELAY TEAMS (2-4 person team) (must be 13 yrs. old)	PRICE DROP ~~$120~~ $80	

WAIVER

I on behalf of myself, marital community, and heirs and assigns hereby irrevocably release and forever discharge the SRPMIC/Divisions/Event Sponsors/Volunteers 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 31, 2015, 7th Annual SRPMIC Half Marathon, Half 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, voice, photo, and/or any electronic/digital format of myself and/or my picture in any broadcast, social media, electronic/digital format, telecast, advertising, promotion, marketing or other 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.

INDIVIDUAL HALF ENTRY

First Name: | Last Name:
Address:
City: | State: | Zip:
Phone Number: | E-mail Address:
Birthdate: MM/DD/YY | Age on Race Day: | Sex: ☐ Female ☐ Male
Estimated Finish Time:
SRPMIC Member? ☐No ☐Yes | SRid#:
If no, your Tribal Affiliation:
SRPMIC Tribal/Enterprise Employee: ☐No ☐Yes
If yes, Department or Enterprise?
By my signature, I acknowledge that I have read, understand and agree to the Waiver.
Signature (if under 18yrs of age, parent/guardian signature) Date

RELAY TEAM NAME:

TEAM MEMBER #1 (Team Captain)

First Name: | Last Name:
Address:
City: | State: | Zip:
Phone Number: | E-mail Address:
Birthdate: MM/DD/YY | Age on Race Day: | Sex: ☐ Female ☐ Male
Estimated Team Finish Time:
SRPMIC Member? ☐No ☐Yes | SRid#:
If no, your Tribal Affiliation:
SRPMIC Tribal/Enterprise Employee: ☐No ☐Yes
If yes, Department or Enterprise?
By my signature, I acknowledge that I have read, understand and agree to the Waiver.
Signature (if under 18yrs of age, parent/guardian signature) Date

TEAM MEMBER #2

First Name: | Last Name:
Address:
City: | State: | Zip:
Phone Number: | E-mail Address:
Birthdate: MM/DD/YY | Age on Race Day: | Sex: ☐ Female ☐ Male
Estimated Team Finish Time:
SRPMIC Member? ☐No ☐Yes | SRid#:
If no, your Tribal Affiliation:
SRPMIC Tribal/Enterprise Employee: ☐No ☐Yes
If yes, Department or Enterprise?
By my signature, I acknowledge that I have read, understand and agree to the Waiver.
Signature (if under 18yrs of age, parent/guardian signature) Date

TEAM MEMBER #3

First Name: | Last Name:
Address:
City: | State: | Zip:
Phone Number: | E-mail Address:
Birthdate: MM/DD/YY | Age on Race Day: | Sex: ☐ Female ☐ Male
Estimated Team Finish Time:
SRPMIC Member? ☐No ☐Yes | SRid#:
If no, your Tribal Affiliation:
SRPMIC Tribal/Enterprise Employee: ☐No ☐Yes
If yes, Department or Enterprise?
By my signature, I acknowledge that I have read, understand and agree to the Waiver.
Signature (if under 18yrs of age, parent/guardian signature) Date

TEAM MEMBER #4

First Name: | Last Name:
Address:
City: | State: | Zip:
Phone Number: | E-mail Address:
Birthdate: MM/DD/YY | Age on Race Day: | Sex: ☐ Female ☐ Male
Estimated Team Finish Time:
SRPMIC Member? ☐No ☐Yes | SRid#:
If no, your Tribal Affiliation:
SRPMIC Tribal/Enterprise Employee: ☐No ☐Yes
If yes, Department or Enterprise?
By my signature, I acknowledge that I have read, understand and agree to the Waiver.
Signature (if under 18yrs of age, parent/guardian signature) Date

MAILING ADDRESS

SRPMIC – Administration
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

T-SHIRT SIZE WILL BE SELECTED AT PACKET PICK-UP

NO RACE DAY REGISTRATION
CASH OR MONEY ORDER ONLY
Make money order payable to SRPMIC