

COURSE MAP



2015 RED MOUNTAIN HALF MARATHON

7am START for Individual & Relay

Salt River High School Athletics Building
4827 N. Country Club Dr. (Country Club Dr. & Chaparral Rd.)



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	\$100 \$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: <input type="checkbox"/> Female <input type="checkbox"/> Male
Estimated Finish Time:	
SRPMIC Member? <input type="checkbox"/> No <input type="checkbox"/> Yes	SRid#:
If no, your Tribal Affiliation:	
SRPMIC Tribal/Enterprise Employee: <input type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> Female <input type="checkbox"/> Male
Estimated Team Finish Time:	
SRPMIC Member? <input type="checkbox"/> No <input type="checkbox"/> Yes	SRid#:
If no, your Tribal Affiliation:	
SRPMIC Tribal/Enterprise Employee: <input type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> Female <input type="checkbox"/> Male
Estimated Team Finish Time:	
SRPMIC Member? <input type="checkbox"/> No <input type="checkbox"/> Yes	SRid#:
If no, your Tribal Affiliation:	
SRPMIC Tribal/Enterprise Employee: <input type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> Female <input type="checkbox"/> Male
Estimated Team Finish Time:	
SRPMIC Member? <input type="checkbox"/> No <input type="checkbox"/> Yes	SRid#:
If no, your Tribal Affiliation:	
SRPMIC Tribal/Enterprise Employee: <input type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> Female <input type="checkbox"/> Male
Estimated Team Finish Time:	
SRPMIC Member? <input type="checkbox"/> No <input type="checkbox"/> Yes	SRid#:
If no, your Tribal Affiliation:	
SRPMIC Tribal/Enterprise Employee: <input type="checkbox"/> No <input type="checkbox"/> 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	

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

MAILING ADDRESS

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

**FOR CREDIT CARD PAYMENT CALL 480-362-7400
ASK TO BE DIRECTED TO DENELLE PRIETO OR TONI HARVIER.**

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