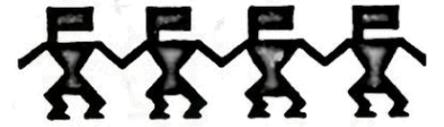




28th Annual



Run Against Diabetes 5k



2-Mile Run/Walk, Mile Walk & Youth Dash

Saturday, November 21, 2015

"Educate & Support. What is Your Role?"

We Welcome All Runners & Walkers to this event



Events:

7:00 AM ON-SITE REGISTRATION/RACE # PICK-UP (starts)

- Kid's Dash ~ start time 8:15 am
- 5k ~ start time 8:30 am
- 2 Mile ~ start time 8:40 am
- Mile Fun Walk~ start time 8:45 am

5K: Awards will be presented to 1st and 2nd place Male and Female in the 5k.

12 & under, 13 – 19, 20 – 29, 30 – 39, 40 – 49, 50 – 59, 60+

2 Mile: Male and Female

1st and 2nd Finisher (12 and Under)

1st and 2nd Finisher (13 -59)

1st and 2nd Finisher (60+)

Entry Fees: FREE EVENT

NO ENTRY FEE FOR ALL WALKERS AND RUNNERS

Kid's Dash:

Awards based on age group; non gender placing. 1st, 2nd and 3rd place in the following age groups: (4 – 6), (7 – 9), (10 -12)

Mail entry forms to:

SRPMIC Diabetes Program
Attention: Rachel Seepie
Health Services – Fitness Center
10,005 E. Osborn Rd
Scottsdale, AZ 85256

Traveling Team Award:

Travel Award goes to the Native Community with most participants who came out to run or walk in the event.

EVENT LOCATION: Salt River High Athletics Building Parking Lot

(On Chaparral Rd between Country Club & Center Street)

4827 N. Country Club Drive, Scottsdale, AZ 85256

Mail in Deadline: November 18, 2015



QUESTION PLEASE CALL 480-362-7320



REGISTRATION FORM:

Please circle event you will be participating in: 5k 2 Mile 1-Mile Fun Walk Kid's Dash: (4-6) (7- 9) (10-12)

T-shirt size: (Adult size only) S Med Lg XLg 2XLg 3XLg (T-shirts for participants 13 yrs. and older only) Youth 12 and under will receive sling bags.

First Name: _____ Last Name: _____

Sex: Male Female DOB: / / Age Day of Race: SRPMIC ID#: 615-U-

Address Number and Street: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: () ---

SRPMIC Community Member: YES NO SRPMIC Community Resident: YES NO SRPMIC Community Employee: YES NO

Other Community: _____ Do you have Diabetes: YES NO (entry fee is waived)

In consideration of my participation in the Health Services' Diabetes Program's **28th Annual Run Against Diabetes** on **Saturday, November 21, 2015**, I hereby for myself, my heirs, my executors and administrators waive 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 individual associated with the event for any claim damages or injuries sustained by me during the fitness event/program.

Participants Signature: _____ Date: _____
(Need Guardian's Signature, if under the age of 18 yrs.) ^