

ENTRY FORM

3 Person Co-Ed Relay Registration Form Only

Name (First Leg- 4 miles) Please circle one: Male Female

Address Phone #

Name (Second Leg- 4 miles) Please circle one: Male Female

Address Phone #

Name (Third Leg- 5.1 miles) Please circle one: Male Female

Address Phone #

TEAM NAME OR ORGANIZATION TEAM CAPTAIN

Waiver: Must be signed
The signature certifies that my son/daughter has my permission to participate in the 3 Person Relay. The signature has read the forgoing RELAEASE AND WAIVER OF LIABILITY AGREEMENT (paragraph above signatures) and by signing below intentionally and voluntarily agrees to its terms and conditions. The signature further certifies that my son/daughter is in good physical condition and is able to safely participate in the 3 Person Relay. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary.

Signature of Athlete (1st Leg) Date

Signature of Parent/Guardian if under 18 years of age Date

Signature of Athlete (2nd Leg) Date

Signature of Parent/Guardian if under 18 years of age Date

Signature of Athlete (3rd Leg) Date

Signature of Parent/Guardian if under 18 years of age Date

WELLNESS CENTER
P.O. BOX 328
SACATON. AZ 85147
PHONE (520-562-2025
FAX (520)562-3320

**SHERATON
WILD HORSE
PASS**

Presents

Gila River Wellness Center

First Ever!
Half Marathon

Including a

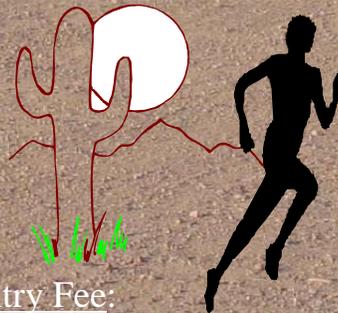
- 3 Person Half Marathon Co-ed Relay
- Mul-Chu-Tha 10k, 5k Run
- 2 Mile Fitness Walk

March 12, 2011

Run will start in District One
VUHS-ICH HA-KE 'Everyone's House'
Multi Purpose Building
15747 N. Shegoi Rd.

On site registration from 6am thru 6:45a.m
No onsite registration for any competitive runs.
Race for Half Marathon, Half Marathon Relay
10k, 5k at 7:00 a.m.

And 7:15 a.m. will begin at for
1 & 2 milers (non Competitors)



Entry Fee:

Free for all Gila River Community
Members and Gila River Tribal Employees
\$15.00 for Native American Indians
\$25.00 Non Native Indians
Money Orders to:
Gila River Indian Community

1st Ever Gila River Half Marathon 2011

On behalf of the Gila River Indian Community, we invite you to join us in a spaghetti dinner on Friday, March 11th at the Blackwater Service Center from 6pm-8:30m.

- Welcome
- Entertainment
- Pasta Dinner

Thank you for your participation by attending our **First Gila River Half Marathon Run.**

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**RUN WILL BEGIN IN DISTRICT 1
Multi Purpose Building at 7:00 a.m.**

INDIVIDUAL HALF MARATHON RULES

You must be 13 years or older on or before March 12, 2011. Must read the Release and Liability Agreement and provide signature. If under the age of 18 years old, parent/guardian must also sign to release permission to participate. Awards will be given to the male and female overall winner. Top division winners male and female, 13-17, 18-26, 27-35, 36-44, 45-54 & 55+.

RELAY TEAM RULES

Relay team must have 3 runners. 2 Females, 1 Male or 2 Male, 1 Female. Relay awards will be given to the first 3 teams, overall team finishers, 2nd 3rd place. Please plan on arriving early, as each leg of the relay event will be transported to their starting point. Each team will be issued a race bib number and 1 baton. The baton will be issued to the team captain for his or her team. Each runner can only run on 1 team and 1 leg of the relay event. Relay captain must be one of the runners. The first 2 leg distances are 4 miles, and the final leg is 5.1 miles.

All Runner Info.

Parking will be located at the District Service Center. ALL RUNNERS ARE REQUIRED TO WEAR THEIR ISSUED BIB NUMBER, NO REPLACEMENT BIBS WILL BE ISSUED OUT—THIS IS A SAFETY ISSUED BIB IF ANY ACCIDENT WOULD OCCUR. ALSO YOU WILL NOT BE ABLE TO COMPETE FOR AWARDS.

Deadline to Register is March 2, 2011.

**No changes will be accepted after
Wednesday, March 9, 2011.**

Map of course will be posted on
Mul-Chu-Tha Website.

ENTRY FORM HALF MARATHON REGISTRATION FORM
Deadline March 2, 2011

Print First Name: _____

(Middle Initial) _____ Last Name: _____

Address: _____

State/Province: _____ Zip Code: _____

Country: _____ Phone: _____

E-MAIL: _____

Emergency Contact: _____

Please Mark: Male Female

Age on Race Day: _____ Birthday: _____

Gila River Community Member Y____ N____

Please Mark: 2 Mile Fitness Walk ,
10k , 5k , Half Marathon ,
3 person CO-ED Relay (complete information on next page)

Please Complete

Please Mark DIVISION

Men		Women
<input type="checkbox"/>	13-17	<input type="checkbox"/>
<input type="checkbox"/>	18-26	<input type="checkbox"/>
<input type="checkbox"/>	27-35	<input type="checkbox"/>
<input type="checkbox"/>	36-44	<input type="checkbox"/>
<input type="checkbox"/>	45-54	<input type="checkbox"/>
<input type="checkbox"/>	55+	<input type="checkbox"/>

Circle Shirt Size: AS AM AL XL XX 3X YS YM YL

*Last Half Marathon Race Time: _____

First time entering the Half Marathon Race? Y N
(please check)

Entry Fee:

Free for all Gila River Community Members and Gila River Tribal Employees
\$15.00 for Native American Indians
\$25.00 Non Native Indians

Money Orders to:

Gila River Indian Community

Waiver: Must be signed

The waiver certifies that my son/daughter has my permission to participate in the 1/2 Marathon

Signature Date

Parent or Guardian must sign for 17 years and under. Date