

Health Promotion Disease Prevention

Journey of New Beginnings

"Ániidígíí bich'í' danááhodiilzhísh"

10.28.17



Full Marathon, Half Marathon, and Relay

Free Event!!

Registration: 6am MST

Start Time: 7am MST

Start Line: Leupp Public School
Finish Line: Twin Arrows Navajo
Casino Resort



TWIN ARROWS
CASINO RESORT™

For more information contact Telesha Irving at (928) 289-6238 or telesha.irving@wihcc.org

FREE EVENT!!!

Pre-Registration is available and registration form is online.

Fax: 928-289-6146

Drop off: HPDP Department in the Old Main Building.

Questions please call Telesha Irving at 928-289-6238.

**There will be on-site registration.

Relay: Five persons or less (5-2). Please provide names of each runner. Miles will be divided equally depending on number of runners in the relay.

Starting point at Leupp Public School in Leupp, Arizona.

Ending point at Twin Arrows Casino Resort

****Shuttle services currently TBD**

**Journey of New Beginnings
Marathon, Half Marathon, and Relay
REGISTRATION FORM
October 28, 2017**

Participant Information

Full Name: _____ Community _____

Gender: M F Age Category: 6-13 14-18 19-25 26-55 56+

Phone Number: _____ Email: _____

Please check one:

Full Marathon: ___ Half Marathon: ___ Relay: ___ Team Name: _____

How did you find out about this event?

___ Newspaper ___ Word of Mouth
___ Facebook ___ Community Events
___ Flyers ___ Other: _____

Emergency Information

Contact Name: _____ Relationship: _____

Phone number: _____

Release of Liability - Acknowledge of Risk

Waiver Responsibility: In consideration of your acceptance of this entry, for myself, heirs, executors, or administrations, I hereby waive and release any and all right and claims for damage I may have against sponsoring organizations or representatives for any and all injuries sustained by in any activity, including transportation to and from the site of such activity related directly or indirectly to my participation of said activity. I hereby give my permission for the use and reproduction of video footage, photographs or audio recordings. I understand that any use of my image and/or voice will be for the purpose of health promotion.

Participant Signature

Date

Print Name Here

Parent/Guardian (must sign if child is under 18 year old)