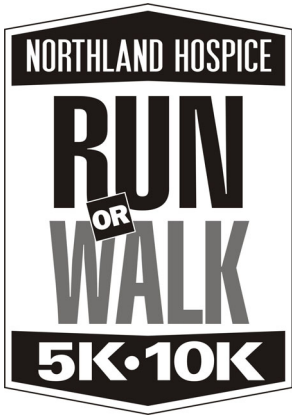


Northland Hospice Run or Walk 5K/10K



Team Registration

Participating as a team is a great way to get friends, family members, and co-workers involved in a great cause. When you compete as a team you receive a reduced registration price and you have the opportunity to win a special team prize based on the number of individuals that participate for your team. Racing team members pay \$25 each (minimum of 10 team members). Build your team by adding volunteers. Volunteers help make the race safe and can cheer team members on. Please complete this form with team names and have each racing team member complete the attached application.

Team Contact Person: _____

Organization/Team Name: _____

Address: _____

Contact's Phone #: _____

Contact's Email: _____

Team Type: Major Employer Large Business Small Business
 Service Group Spiritual Community Family

Race Team Members

Please have each team member complete an application and waiver. Please submit a completed team packet with payment, team registration form, and individual applications.

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Volunteer Team Members

Every individual interested in volunteering must submit a contact phone number. Volunteers will be contacted prior to the race with volunteer assignment.

- | | | |
|----------|--------------|---------------------|
| 1. _____ | Phone: _____ | T-Shirt Size: _____ |
| 2. _____ | Phone: _____ | T-Shirt Size: _____ |
| 3. _____ | Phone: _____ | T-Shirt Size: _____ |
| 4. _____ | Phone: _____ | T-Shirt Size: _____ |
| 5. _____ | Phone: _____ | T-Shirt Size: _____ |

Payment

of Race Members _____ x \$25 = \$ _____

We would like to be a race sponsor for: \$500 \$1000 \$2000 Other: \$ _____

Please Return This Form By June 13:

Northland Hospice & Palliative Care, PO Box 997, Flagstaff, AZ 86002

For more information contact Heather Rogers at (928) 779-1227 or hrogers@northlandhospice.org

Team Walking or Running Participant Registration Form

Name: _____ Birthdate: _____ Gender: _____

Address: _____

Phone: _____ Email: _____

T-Shirt Size: Adult (S-XXL) _____ Child (S-XL): _____

Race (please circle): 5K-Timed 5K-Non-Timed 10K-Timed 10K-Non-Timed Kids Fun Run

I would like to run (please circle one) In Memory or In Honor of a Loved One.

Waiver

A physical examination is not required to participate in the Northland Hospice Run or Walk 5K/10K, but ALL entrants participate at their own risk. All persons under 18 years must have written consent of their parents or legal guardian to compete.

I hereby waive and release any and all rights and claims I may have against Northland Hospice, the City of Flagstaff, Northland Hospice Run or Walk sponsors, Northland Hospice Run or Walk race committee, their agents, representatives, successors, or assignees for any and all injuries, ailments, or other consequences suffered by me in the run and agree to indemnify and hold them harmless for all claims, damages, judgments, and costs of whatever nature and form.

I affirm that my general health is good and that I am not under a doctor's care for any condition which will endanger my health or the health of other participants. In case of injury and/or illness, I will bear the cost of any evacuation procedures such as ambulance, helicopter, and professional medical care. I understand that I must provide my own health and accident insurance.

I give Northland Hospice full permission to use any photographs, videotapes, recordings or any other record of this event for any legitimate purpose.

I understand that race entry fees paid by or for me are nonrefundable unless the registrar refuses entry. The non-refund policy also applies to any cancellation of the race due to weather conditions or other conditions.

By my signature below, I agree that I have read, understand and agree to all the provisions and considerations and that this release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

Signature of Participant / Date

Signature of Parent/Legal Guardian if under 18 / Date



Team Walking or Running Participant Registration Form

Name: _____ Birthdate: _____ Gender: _____

Address: _____

Phone: _____ Email: _____

T-Shirt Size: Adult (S-XXL) _____ Child (S-XL): _____

Race (please circle): 5K-Timed 5K-Non-Timed 10K-Timed 10K-Non-Timed Kids Fun Run

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I affirm that my general health is good and that I am not under a doctor's care for any condition which will endanger my health or the health of other participants. In case of injury and/or illness, I will bear the cost of any evacuation procedures such as ambulance, helicopter, and professional medical care. I understand that I must provide my own health and accident insurance.

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