

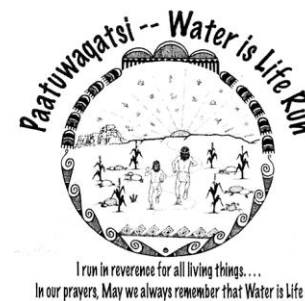
PAATUWAQATSI RUN - 2011 - Registration Form

PO Box 155, Polacca, AZ 86042

waterisliferun@yahoo.com - www.waterisliferun.org

Saturday, September 10, 2011

Run starts at 6:00 am. MST



Name (Relay Team Leader): _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Gender: Male Female Age: _____ T-shirt size (adult sizes only): XL L M S

Relay Team Name: _____

Relay Team Members Names	Gender (circle)	Age	T-shirt Size (circle)
1. _____	M F	_____	XL L M S
2. _____	M F	_____	XL L M S
3. _____	M F	_____	XL L M S
4. _____	M F	_____	XL L M S
5. _____	M F	_____	XL L M S

All Ultra Run and Relay Teams must register by **September 5. Registrations on day of run will not be accepted.**

RUN (check box)

- Ultra Run (50K):** \$65 until Aug. 1 - \$75 from Aug. 1-Sept. 5 - *100 maximum registrants for ultra-run*
**Starts at 6:00 a.m.*
- 3 Man Relay:** \$30/person until Aug. 1 - \$35 from Aug. 1-Sept. 5 * *Starts at 6:30 a.m.*
- 6 Man Relay:** \$30/person until Aug. 1 - \$35 from Aug. 1-Sept. 5 * *Starts at 6:30 a.m.*
- 4 mile Run/Walk:** \$12 (Begins at 8:00 am. Registration is available on day of run.)

Checks and money orders accepted by mail. Cash accepted in person. **There will be no refunds.**
On-line registration available on www.active.com for a \$3 fee (search word: Water Is Life Run)
Make checks out to: **Native Movement** (registration voided and \$10 fee assessed on all returned checks)
Mail forms to: Paatuwaqatsi Run, PO Box 155, Polacca, AZ 86042 (mailed registration forms must be postmarked by Friday, Sept. 5)
Contact: Buckv at (928) 737-2705; Andy at (928) 774-6103 or Kim at (928) 221-6167 with any questions.

Participant consent, waiver and release of liability

All applicants must sign this form to enter this event. Registration will not be accepted without signature or payment of appropriate fee. In consideration of accepting this entry, I waive and release any and all rights and claims for damages I may have against anyone associated with this event, their representatives and successors. I further waive all rights and claims to any and all injuries suffered by me in this event. I will additionally permit the free use of my name and pictures in multimedia and promotional material, including the website. This entry is invalid unless signed.

Signature of Participant OR Parent/Guardian

Date

Type of Payment: Online _____ Check No. _____ Cash _____ initial _____