STRIDES FOR DIABETES PREVENTION FAIR - 5K Run 3K/5K Walk Sunday, September 20, 2015 – Paradise Community Park

TEAM REGISTRATION Registration free for children 12 and under with option to purchase a t-shirt. Pre-registration required.	
Team Contact: Ph./Email:	
Please make all checks payable to: Feather River Health Foundation Mail to - Diabetes Education Program 6009 Pentz Rd., Ste. D; Paradise, CA 95969	Payment method (check or cash only): Individual Group
T-shirt @ additional \$10/ea.	participants and children/teens have option to purchase
Run: Adults: \$25 Teens (13-1	ation Fees 8yrs) : \$5 Children (<12 yrs) : Free 8yrs) : \$5 Children (<12 yrs) : Free
Name	Name
☐ I want to RUN* ☐ I want to Walk	☐ I want to RUN* ☐ I want to Walk
□Small □Med □Large □XL □XXL *T-shirt incl. Amt. Included Reg. Fee T-Shirt	□Small □Med □Large □XL □XXL *T-shirt incl. Amt. Included Reg. Fee T-Shirt
Name	Name
☐ I want to RUN * ☐ I want to Walk	☐ I want to RUN* ☐ I want to Walk
□Small □Med □Large □XL □XXL *T-shirt incl. Amt. Included Reg. Fee T-Shirt	□Small □Med □Large □XL □XXL *T-shirt incl. Amt. Included Reg. Fee T-Shirt
Name	Name
☐ I want to RUN * ☐ I want to Walk	☐ I want to RUN* ☐ I want to Walk
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Name	Name
☐ I want to RUN * ☐ I want to Walk	☐ I want to RUN* ☐ I want to Walk
□Small □Med □Large □XL □XXL *T-shirt incl.	□Small □Med □Large □XL □ XXL *T-shirt incl.

→ Adventist Health Feather River Hospital

print name:_____

Signature: Waiver: in consideration of you accepting my entry, I intend to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims that I may have against the persons print name:_____ and organizations associated with the Strides for Signature: Diabetes: Feather River Hospital, Town of Paradise, County of Butte and other contributing organizations.; and assign for any and all injuries suffered by me while traveling to or from or while participating in Strides for print name:_____ Diabetes on September 20, 2015. I further attest that I am physically fit and have sufficiently trained for Signature: participation in this event. Please sign below. print name: print name: Signature: Signature: print name:_____ Signature: Signature: print name: print name: print name:_____ Signature: Signature: print name:_____ print name:_____ Signature: Signature: print name:_____ Signature: Signature: print name:_____ print name:_____ Signature:

Signature:

print name:_____