

STRIDES FOR DIABETES PREVENTION FAIR - 5K Run 3K/5K Walk
Sunday, September 25, 2016 – Paradise Community Park

TEAM REGISTRATION

Registration free for children 12 and under with option to purchase a t-shirt. Pre-registration required.

Company or FRH Dept. _____ Team Name: (optional): _____

Team Contact: _____ Ph./Email: _____

Please make all checks payable to:
 Feather River Health Foundation
 Mail to - Diabetes Education Program
 1933 Peach Lane; Paradise, CA 95969

Payment method (check or cash only):
 Individual Group

Registration *free* for children 12 and under (with participating adult) *Discounted fees* for teens 13-18 (T-shirts not included) *T-shirts included for runners only.* Walk participants and children/teens have option to purchase T-shirt @ additional \$10/ea.

Registration Fees

Run : Adults : \$25 Teens (13-18yrs) : \$5 Children (<12 yrs) : Free
 Walk : Adults : \$15 Teens (13-18yrs) : \$5 Children (<12 yrs) : Free

Name _____

I want to **RUN*** I want to **Walk** male female
 Small Med Large XL XXL *T-shirt incl.
Amt. Included Reg. Fee _____ T-Shirt _____

Name _____

I want to **RUN*** I want to **Walk** male female
 Small Med Large XL XXL *T-shirt incl.
Amt. Included Reg. Fee _____ T-Shirt _____

Name _____

I want to **RUN*** I want to **Walk** male female
 Small Med Large XL XXL *T-shirt incl.
Amt. Included Reg. Fee _____ T-Shirt _____

Name _____

I want to **RUN*** I want to **Walk** male female
 Small Med Large XL XXL *T-shirt incl.

Name _____

I want to **RUN*** I want to **Walk** male female
 Small Med Large XL XXL *T-shirt incl.
Amt. Included Reg. Fee _____ T-Shirt _____

Name _____

I want to **RUN*** I want to **Walk** male female
 Small Med Large XL XXL *T-shirt incl.
Amt. Included Reg. Fee _____ T-Shirt _____

Name _____

I want to **RUN*** I want to **Walk** male female
 Small Med Large XL XXL *T-shirt incl.
Amt. Included Reg. Fee _____ T-Shirt _____

Name _____

I want to **RUN*** I want to **Walk** male female
 Small Med Large XL XXL *T-shirt incl.

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 and organizations associated with the Strides for 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 Diabetes on September 25, 2016. I further attest that I am physically fit and have sufficiently trained for participation in this event. Please sign below.

print name: _____

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