1st Annual Orman Stanley Jr. All Native Run

Registration/ Waiver

* Indicates required question

1. Full Name (First and Last Name) *

2. Email *

3. Date of Birth *

Example: January 7, 2019

4. Age (Day of race) *

5. Mailing Address *

6. Emergency Contact Full Name *

7. Emergency Contact Phone Number *

8. I acknowledge that running and walking events carry inherent risks, including injury. By participating in the 1st Annual Orman Stanley Jr. All-Native Run, I assume all risk and agree not to hold Colorado River Indian Tribes, event organizers, sponsors, volunteers, or affiliates liable for injuries, accidents, or damages that may occur. *

Initials:

9. I confirm that I am physically capable of participating in this event and have consulted with a doctor prior to race? *

Mark only one oval.

- ◯ Yes
- ◯ No

10. I agree to comply with all safety instructions and event guidelines. *

Mark only one oval.

- ◯ Yes
- ◯ No