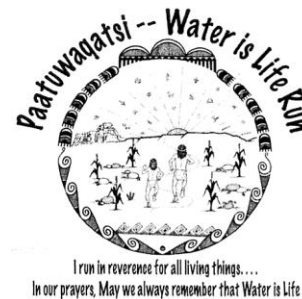


waterisliferun@gmail.com - www.waterisliferun.org

Saturday, September 14, 2019
Polacca, AZ. - Bucky Preston's Residence
Run starts at 6:00 am. M.S.T.



Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Gender: ☐ Male ☐ Female Age: _____

OnLine-Registration for the Ultra Run 50K closes 9/12/19

RUN (check box):

☐ **Ultra Run (50K):** \$75 until Aug. 24th - \$100 from Aug. 25-Sept. 12 *Starts at 6:00 a.m.(M.S.T.) *reg. closes 9/12/19***THERE WILL BE NO RACE DAY REGISTRATION!**

T-shirt size (Men): ☐ XL ☐ L ☐ M

T-shirt size (Women): ☐ L ☐ M ☐ S

☐ **10 Mile Loop:** \$50/person until Aug. 24th - \$60 from Aug. 25-Sept. 14 * Starts at 7:00 a.m. (Registration is available thru the day of run.)

Adult T-shirt size: ☐ XL ☐ L ☐ M ☐ S Youth T-shirt size: ☐ M ☐ S

☐ **4 mile Run/Walk:** \$20 (Begins at 8:00 am. Registration is available thru the day of run.)

Adult T-shirt size: ☐ XL ☐ L ☐ M ☐ S Youth T-shirt size: ☐ M ☐ S

Emergency Contact (Day of Run): _____ Cell Phone: _____

Checks and money orders accepted by mail. Cash accepted in person. **There will be no refunds.**
On-line registration available on <http://ultrasignup.com/register.aspx?did=32288> for a \$3 fee (search word: Paatuwaqatsi Run)
Make checks out to: **Water Is Life Run** (registration voided and \$10 fee assessed on all returned checks)
Mail forms to: **Water is Life Run P.O. Box 281 Polacca, Az. 86042**
(Mailed registration forms must be postmarked by Saturday, September 7, 2019)
Contact: Kim at [\(928\) 221-6167](tel:9282216167) Sam Taylor at [\(602\) 410-5505](tel:6024105505)

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 _____

Other Notes: _____