



TOHONO O'ODHAM NATION

NATURAL RESOURCES DEPARTMENT

PO Box 837 Sells, Arizona 85634
Telephone (520) 383-1511
Fax (520) 383-3377

2023 Rodeo Fun Run and Walk Saturday February 4, 2023

Agricultural Extension
(520) 383-2298
FAX: (520) 383-3011

Cultural Affairs
(520) 383-3622
FAX: (520) 383-3377

Cultural Center/Museum
(520)-383-0201
FAX: (520) 383-3377

Livestock Facilities
(520) 383-6480
FAX: (520) 383-3011

Livestock Inspector
(520) 383-3233
FAX: (520) 383-3011

Mineral Resources
(520) 383-3031
FAX: (520) 383-3377

Range Conservation and
Management
(520) 383-1301
FAX: (520) 383-2346

Soil and Water Conservation
(520) 383-2851
FAX: (855) 848-4391

Solid Waste Management
(520) 383-4765
FAX: (520) 383-5255

Tribal Herd
(520) 383-2459
FAX: (520) 383-3377

Well Maintenance
(520) 383-4930
FAX: (520) 383-8800

Wildlife and Vegetation
Management
(520) 383-1513
FAX: (520) 383-3377

Rodeo & Fair
(520) 383-2588
FAX: (520) 383-8044

Rodeo Queen
(520) 383-1511
FAX: (520) 383-3377

Name: _____ Age: _____ check:
5k: _____ 1 mile: _____

Community/ District: _____ Male: _____ Female: _____

Waiver: Must Be Signed

I hereby waive and release the Tohono O'odham Nation Department of Health and Human Services, Healthy O'odham Promotion Program, and all sponsoring organizations from any and all liability or claims for any injuries sustained by me, including anything that is related to my participation in this event.

I also agree to allow the Healthy O'odham Promotion Program and to videotape, audiotape, and photograph me for use of this program presentations and promotional materials. I understand that this will benefit the program, and therefor myself, and recognize that HOPP will use these materials at the discretion they fit.

If participant is under 18: The signature certifies that my son/daughter has my permission to participate in the Rodeo fun run/walk. The signature has read the foregoing RELEASE AND WAIVER LIABILITY AGREEMENT (paragraph above signature) and by signing below intentionally and voluntarily agree to its terms and conditions.

The signature further certifies that my son/daughter is in good condition and is able to safely participate in the Rodeo and Fair fun run and walk event. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary.

Signature: _____ Date: _____

Child: First and Last name: _____ Age: _____

Child First and Last name: _____ Age: _____

Signature of parent if athlete under 18 _____

Please return registration form to the Sells Wellness Center or email to Marlinda.francisco@tonation-nsn.gov before *February 2, 2023*

