

# 2019 Tohono O'odham Nation Rodeo & Fair

# Fun Run Walk

**Airport Strip, Sells Arizona**

**February 1, 2019 at 10:00am**  
**1, 2, and 3 miles**

**Registration—10:00 AM / Event time— 10:30 AM—12:00PM**

Pre-registration forms available online or at Human Resources  
For more information contact the Tohono O'odham Nation Human Resources Office 520-383-6540

Persons attending and participating in the Rodeo and Fair assume all risks including, but not limited to illness, injury, death or property loss and agree not to hold the Tohono O'odham Nation, its agents, event sponsors and volunteers liable.



# REGISTRATION FORM

2019 TOHONO O'ODHAM NATION RODEO & FAIR

FUN RUN/WALK

FRIDAY - FEBRUARY 1, 2019 - 10:00 AM

**Name:**\_\_\_\_\_

**Community/District:**\_\_\_\_\_

**Male**\_\_\_\_\_ **Female:**\_\_\_\_\_ **Age:**\_\_\_\_\_

**I will participate in the following category:**

☐ **1Mile**

☐ **2Mile**

☐ **3Mile**

**Waiver: Signature required by all participants.**

I hereby waive and release the Tohono O'odham Nation, the Executive Branch Departments, 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 Human Resources and Healthy O'odham Promotion Program to videotape, audiotape, and photograph me for use of this program in presentations and promotional materials. I understand that this will benefit the program, and therefor myself, and recognize that HOPP/HR will use these materials at their discretion .

**If participant is under 18 years:** The signature certifies that my son/daughter has my permission to participate in the 1/2/3 mile. 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 1, 2 & 3 mile event. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary.

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Parent signature if under 18 years of age:\_\_\_\_\_ Date:\_\_\_\_\_

**Forms may be dropped off at HR or emailed to [Vicky.Naha@tonation-nsn.gov](mailto:Vicky.Naha@tonation-nsn.gov).**

**Registration forms will be accepted on day of event.**