



JEWED DA:M AC WO:PO

HALE MARATHON & 3 PERSON CO-ED RELAY

SATURDAY, MARCH 25, 2023

OPEN TO ALL

Jewed da:m ac Wa:Po Half
Marathon and Co-Ed Relay
Registration Form



RUNNING ON HOMELAND
Noligk- Cababi- Comobabi

TOHONO O'ODHAM
NATION



Race Coordinators: Eric.Mase or Keyshawn.Carlos @tonation-nsn.gov

HOPP HALF MARATHON & 3 PERSON COED RELAY RULES

INFORMATION FOR ALL PARTICIPANTS

EVENT START TIME:

Half Marathon & 3 Person Co-ed Relay: 7:00a.m

2 mile Fun Run/Walk: Registration at 7:00am. **Start:** 7:30 a.m. at Comobabi Community

Runners will report to the North Community building in No:lik. Route 30, No:lik turnoff, just off of Highway 86 to Cababi will be **CLOSED** at 7:00a.m. Support vehicles will not be allowed on Route 30. This will keep all vehicle traffic on the course to a minimum for everyone's safety and enjoyment.

All runners are required to wear their issued bib number; no transfers of registration or bib numbers will be allowed. No replacement bibs will be issued. Should this occur, runner will not be eligible for award.

You must be 13 years or older to participate in the Half Marathon on or before March 25, 2023. Please read the release of liability agreement and provide signature. If you are younger than 18, a parent/legal guardian must sign the release of liability agreement.

Overall time limit for Half Marathon is 4 hours. If you do not finish, runner will be picked up at the 4 hour time limit, no exceptions.

This is a timed event. Awards will be given to the overall male and female and top three in each age category as follows: 14 and under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+.

Packet Pickup will be available at the Sells Wellness Center on Friday, March 24, 2023 from 8:00am to 5:00pm or the morning of the race at the North Community Building in No:lik from 5:30a.m.-6:30a.m.

There is NO on-site registration. Deadline to register is Wednesday, March 22, 2023 at 7:00pm.

DROP BAGS & PICK UP:

Half Marathon: A designated vehicle will transport bags to the finish line. Please have your name or BIB number on your bag.

Relay Runners: Please mark your bag with your name and which leg you are running. Your bag will be at your finished leg.

WATER STATIONS will be available at every mile after the 2 mile marker. Port o' Jon and EMS personnel will be available at leg exchanges.

LODGING will be available at the Sells Recreation Center. Please contact race coordinators for further information.

CO-ED RELAY TEAM RULES:

Co-ed Relay teams must have 3 runners to be eligible for awards and must consist of 1 male/2 female or 1 female/2 male.

There are no age restrictions for the Co-ed Relay team. If participant is under 18 years-old, parent/legal guardian must sign release of liability agreement to be eligible for participation.

RELAY AWARDS will be given to the top 3 teams

Please plan on arriving early as each leg of the relay event will be transported to their relay starting point.

RELAY SHUTTLE DEPARTURE TIMES FROM THE STARTING POINT AT NORTH COMMUNITY BUILDING ARE AS FOLLOWS:

2nd leg Runners: **5:30a.m. departure time**

3rd leg Runners: **5:45a.m. departure time & LAST shuttle run.**

Each team will be issued 1 bib number per person and 1 baton per team.

Each runner can only run on 1 team and 1 leg of the relay event. Runner can only participate in either the half marathon or relay.

Relay team legs:

1st leg- 4.0 miles

2nd leg- 4.0 miles

3rd leg- 5.1 miles

TEAM MEMBER CHANGES CAN ONLY BE MADE THROUGH AN ADDENDUM REGISTRATION FORM

New team member must complete the addendum registration form and submit it before March 22, 2023. Please indicate team name, who you will be replacing and what leg you will be running.

SPECTATORS ARE ENCOURAGED TO WATCH AND SUPPORT ALL RUNNERS at the last ½ mile of the race on the shoulder/hillside of route 30 on Comobabi road and at the finish line. Spectator vehicles need to park off the roadside shoulder to avoid blocking the path of the runners.

RACE COORDINATORS: Eric Mase at eric.mase@tonation-nsn.gov and Keyshawn Carlos at keyshawn.carlos@tonation-nsn.gov Or Sells Wellness Center 520.383.6240

WE HOPE YOU ENJOY THIS EXCITING EVENT AND HOPE TO SEE YOU NEXT YEAR. FOR FURTHER INFORMATION YOU MAY CALL THE HEALTHY O'ODHAM PROMOTION PROGRAM AT 520-383-6240. THIS EVENT IS HELD ON BEHALF OF THE TOHONO O'ODHAM DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF HEALTH PROMOTION/HEALTHY O'ODHAM PROMOTION PROGRAM.

3 PERSON CO-ED RELAY REGISTRATION FORM

TEAM NAME: _____

1ST LEG- 4.0 MILES **NAME:**__ **MALE:**__ **FEMALE:**__

Team Captain **ADDRESS:**__ **PHONE:**__

2ND LEG- 4.0 MILES **NAME:**__ **MALE:**__ **FEMALE:**__

Team Captain **ADDRESS:**__ **PHONE:**__

3RD LEG- 5.1 MILES **NAME:**__ **MALE:**__ **FEMALE:**__

Team Captain **ADDRESS:**__ **PHONE:**__

Waiver and Release of Liability: I hereby waive and release the Tohono O’odham Nation, its officers, directors, employees, agents and affiliates including the Tohono O’odham Department of Health and Human Services, Healthy O’odham Promotion Program (“HOPP”), and all sponsoring organizations from any and all liabilities, claims, demands, losses or damages to property, or injury to person, whatsoever the cause, whenever occurring, whether known or unknown, at law or in equity that may occur at any time arising from or related to my participation in this event. No provision contained within this Waiver and Release of Liability shall be interpreted as an express or implied waiver of the Tohono O’odham Nation’s sovereign immunity from suit in any forum or in any jurisdiction.

I also agree to allow the Healthy O’odham Promotion Program to videotape, audiotape, and photograph me for use in this program’s presentations and promotional materials. I understand that this will benefit the program, and therefore myself, and recognize that HOPP will use these materials at their discretion, as they deem appropriate.

If athlete is under age 18: My signature certifies that the minor in my care and custody has my permission to participate in the Half Marathon and/or 3 Person Co-ed Relay. I have read the foregoing WAIVER and RELEASE OF LIABILITY AGREEMENT (paragraph above) and by signing below, I intentionally and voluntarily agree to its terms and conditions. My signature further certifies that the minor in my care and custody is in good health condition and is able to safely participate in the Event. I hereby authorize medical treatment for the minor and grant access to the minor’s medical records as necessary.

Signature of participant (1st leg) Date

Signature of Parent if under 18 years of age Date

Signature of participant (2nd leg) Date

Signature of parent if under 18 years of age Date

Signature of participant (3rd leg) Date

Signature of parent if under 18 years of age Date

Half Marathon Registration Form

FIRST NAME_

LASTNAME_

ADDRESS_

MALE_

FEMALE_

CITY/STATE_

ZIP CODE_

PHONE_

EMAIL_

AGE CATEGORY:

14 AND UNDER_ 15-19_ 20-24_ 25-29_ 30-34_ 35-39_ 40-44_ 45-49_ 50+_

Waiver and Release of Liability: I hereby waive and release the Tohono O’odham Nation, its officers, directors, employees, agents and affiliates including the Tohono O’odham Department of Health and Human Services, Healthy O’odham Promotion Program (“HOPP”), and all sponsoring organizations from any and all liabilities, claims, demands, losses or damages to property, or injury to person, whatsoever the cause, whenever occurring, whether known or unknown, at law or in equity that may occur at any time arising from or related to my participation in this event. No provision contained within this Waiver and Release of Liability shall be interpreted as an express or implied waiver of the Tohono O’odham Nation’s sovereign immunity from suit in any forum or in any jurisdiction.

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Signature of participant

Date

Signature of parent if under 18 years of age

Date