



**28<sup>th</sup> ANNUAL MULTI-CULTURAL RED RIBBON RELAY RUN**  
**"UNITED WE RUN TO BE DRUG-FREE"**  
**September 4, 2019**

**RUNNERS REGISTRATION FORM**

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

**Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Community:** \_\_\_\_\_

**Male** ( )

**Female** ( )

**T-Shirt Size:** \_\_\_\_\_

**List Any Medical Problems:** \_\_\_\_\_  
 \_\_\_\_\_

**WAIVER OF RESPONSIBILITY**

**I hereby waive and release any and all rights for damages I may have against Pueblo of Acoma Behavioral Health Services /The State of New Mexico / MCRR Planning Committee, Grants/Cibola County Chamber of Commerce and other Sponsoring and participating agents for all injuries sustained by my participation in said events.**

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent / Guardian Signature if under 18**

\_\_\_\_\_  
**Date**