

**STRIDES FOR DIABETES PREVENTION FAIR - 5K Run 3K/5K Walk**  
**Sunday, September 20, 2015 – Paradise Community Park**

**TEAM REGISTRATION**

*Registration free for children 12 and under with option to purchase a t-shirt. Pre-registration required.*

Company or FRH Dept. \_\_\_\_\_ Team Name: (optional): \_\_\_\_\_  
 Team Contact: \_\_\_\_\_ Ph./Email: \_\_\_\_\_

**Please make all checks payable to:**

Feather River Health Foundation  
 Mail to - Diabetes Education Program  
 6009 Pentz Rd., Ste. D; Paradise, CA 95969

Payment method (check or cash only):

Individual  Group

Registration *free* for children 12 and under (with participating adult) *Discounted fees* for teens 13-18 (T-shirts not included) *T-shirts included for runners only*. Walk participants and children/teens have option to purchase T-shirt @ additional \$10/ea.

**Registration Fees**

Run : Adults : \$25 Teens (13-18yrs) : \$5 Children (<12 yrs) : Free  
 Walk : Adults : \$15 Teens (13-18yrs) : \$5 Children (<12 yrs) : Free

Name \_\_\_\_\_

I want to **RUN\***  I want to **Walk**  
 Small  Med  Large  XL  XXL *\*T-shirt incl.*  
**Amt. Included** Reg. Fee \_\_\_\_\_ T-Shirt \_\_\_\_\_

Name \_\_\_\_\_

I want to **RUN\***  I want to **Walk**  
 Small  Med  Large  XL  XXL *\*T-shirt incl.*  
**Amt. Included** Reg. Fee \_\_\_\_\_ T-Shirt \_\_\_\_\_

Name \_\_\_\_\_

I want to **RUN\***  I want to **Walk**  
 Small  Med  Large  XL  XXL *\*T-shirt incl.*  
**Amt. Included** Reg. Fee \_\_\_\_\_ T-Shirt \_\_\_\_\_

Name \_\_\_\_\_

I want to **RUN\***  I want to **Walk**  
 Small  Med  Large  XL  XXL *\*T-shirt incl.*

Name \_\_\_\_\_

I want to **RUN\***  I want to **Walk**  
 Small  Med  Large  XL  XXL *\*T-shirt incl.*  
**Amt. Included** Reg. Fee \_\_\_\_\_ T-Shirt \_\_\_\_\_

Name \_\_\_\_\_

I want to **RUN\***  I want to **Walk**  
 Small  Med  Large  XL  XXL *\*T-shirt incl.*  
**Amt. Included** Reg. Fee \_\_\_\_\_ T-Shirt \_\_\_\_\_

Name \_\_\_\_\_

I want to **RUN\***  I want to **Walk**  
 Small  Med  Large  XL  XXL *\*T-shirt incl.*  
**Amt. Included** Reg. Fee \_\_\_\_\_ T-Shirt \_\_\_\_\_

Name \_\_\_\_\_

I want to **RUN\***  I want to **Walk**  
 Small  Med  Large  XL  XXL *\*T-shirt incl.*

**Waiver:** in consideration of you accepting my entry, I intend to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims that I may have against the persons and organizations associated with the Strides for Diabetes: Feather River Hospital, Town of Paradise, County of Butte and other contributing organizations.; and assign for any and all injuries suffered by me while traveling to or from or while participating in Strides for Diabetes on September 20, 2015. I further attest that I am physically fit and have sufficiently trained for participation in this event. Please sign below.

\_\_\_\_\_  
print name: \_\_\_\_\_

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

print name: \_\_\_\_\_

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

print name: \_\_\_\_\_

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

print name: \_\_\_\_\_

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

print name: \_\_\_\_\_

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

print name: \_\_\_\_\_

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

print name: \_\_\_\_\_

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

print name: \_\_\_\_\_

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

print name: \_\_\_\_\_

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

print name: \_\_\_\_\_

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

print name: \_\_\_\_\_

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

print name: \_\_\_\_\_

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

print name: \_\_\_\_\_

print name: \_\_\_\_\_

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

print name: \_\_\_\_\_

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

print name: \_\_\_\_\_

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

print name: \_\_\_\_\_

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

print name: \_\_\_\_\_

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