

INDIAN HEALTH COUNCIL & CSU
SAN MARCOS PRESENT

FUN RUN 2019

NOVEMBER 25

9AM-12PM

PRE-REGISTER ON BACK!
TO RESERVE FREE SHIRT

TURN IN TO PUBLIC HEALTH DEPT
FRONT DESK @ INDIAN HEALTH COUNCIL



- 3 MILE & 1 MILE FUN RUN/WALK FOR ALL AGES
- LUNCH WILL BE SERVED
- FUN ACTIVITY BOOTHS & RAFFLE PRIZES
- REGISTRATION CHECK-IN STARTS @ 9:00AM
- FREE EVENT T-SHIRT
- 1ST PLACE FINISHER IN EACH OF 3 AGE CATEGORIES,
BOTH MALE & FEMALE IN 3MI RACE **WIN FITBIT!!**

LOCATION: INDIAN HEALTH COUNCIL CLINIC, 5010
GOLSH RD, VALLEY CENTER CA 92082

CONTACT: ANDY MUNOZ: AMUNOZ@INDIANHEALTH.COM
760-749-1410 EXT. 5263 OR 5268

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indianhealthcouncil
www.indianhealth.com



TURN COMPLETED WAIVER INTO PUBLIC HEALTH DEPT FRONT DESK @ IHC



Empowering Native Wellness

Indian Health Council
50100 Golsh Rd
Valley Center CA 92082
760-749-1410

PHYSICAL FITNESS ACTIVITIES ASSUMPTION OF RISK WAIVER OF LIABILITY & PHOTO RELEASE

There are risks involved in this activity and/or these activities. It is your choice whether you participate in this activity or these activities and to what level. Our philosophy is "Challenge by Choice," which means you select the degree of challenge (if any) to which you will be exposed. However, in order for you to participate at any level in this activity or these activities you must sign this document, and your signature forever waives your right to sue Indian Health Council, Inc. (and its directors, staff, employees and other contracted parties) for any injury (or death) you may suffer arising out of your participation in this activity or these activities. Also, all members must understand that the fitness center is part of the Indian Health Council health services delivery system.

ACKNOWLEDGEMENT OF RISK

I acknowledge that there are risks and hazards in any of the activities in which I have chosen to participate. These risks include, but are not limited to: physical injury, trauma, emotional injury, death, and property damage. These hazards include but are not limited to; equipment failure; interference from other activities in the vicinity; rigorous physical activity and exhaustion. The activity or activities in which I have chosen to participate may include intense physical challenges may place unusual demands on my bodily systems. I acknowledge that this is not an exhaustive list of the risks or hazards I may encounter, and that I may encounter unforeseen situations.

CERTIFICATION OF FITNESS

I certify that I am completely healthy (both physically and emotionally) and capable of participating in this activity or these activities. I have listed below any medical conditions that the Indian Health Council, Inc., should be aware of which may hinder my participation in the activity selected. However, I understand that it is solely my responsibility to determine whether there is any medical reason, including personal or family history of cardiac disease, which I should not participate in the selected activity.

WAIVER OF LIABILITY

In order to participate in the activity or activities listed above, I forever waive my right to sue the Indian Health Council (including its directors, staff, employees and other contracted parties) and/or the for any injury (including death) I may suffer arising out of my participation in this activity or these activities. I understand that by signing this document all liability of the Indian Health Council, Inc., (including its directors, staff, employees, and other contracted parties) to myself for any injuries (including death) I may suffer arising out of my participation in the activity or activities listed above will be forever extinguished.

PHOTO RELEASE

I give permission for Indian Health Council, Inc. to use any photographs taken of me and my children during the IHC event I, THE UNDERSIGNED, HAVE READ, UNDERSTAND AND ACCEPT THE TERMS OF THIS ACKNOWLEDGEMENT OF RISK/WAIVER OF LIABILITY FORM. I FURTHER ACKNOWLEDGE THAT NO ORAL REPRESENTATIONS CONCERNING THIS DOCUMENT HAVE BEEN MADE TO ME AS AN INDUCEMENT TO SIGNING THIS DOCUMENT.

EMAIL _____

NAME OF PARTICIPANT (PRINT) _____ BIRTH DATE _____ AGE _____

RESERVATION _____ Phone Number _____ Shirt Size YM/YL/S/M/L/XL/2XL/3XL

SIGNATURE OF PARTICIPANT: _____ DATE _____ Gender M / F

SIGNATURE OF PARENT (ANYONE UNDER AGE OF 18 MUST HAVE PARENT SIGN THIS WAIVER):

DATE _____

IN THE CASE OF EMERGENCY PLEASE CONTACT: NAME _____

PHONE: _____