

# REGISTER TODAY FOR NAHC'S IITH ANNUAL RUNNING IS MY HIGH



MARCH 10, 2012

## DAY-OF DETAILS

- Location:** Lake Merritt Sailboat House Parking Lot (Bellevue Ave.)
- Pre-Register:** **By March 1<sup>st</sup>.** Submit form on back with check made out to Native American Health Center. Or Register online at Running is My High on Active.com:  
[http://www.active.com/page/event\\_details.htm?event\\_id=2011924&cmp=](http://www.active.com/page/event_details.htm?event_id=2011924&cmp=)
- Cost:** \$5 kids 12 and under, \$10 teens and adults
- Day-of Registration:** 7:00 a.m. – 8:15 a.m. (you will not be able to register day-of if you arrive later than 8:15 a.m.)
- Cost:** \$5 kids 12 and under, \$15 teens and adults
- Bib pick-up:** 7:00 a.m. – 8:30 a.m. **Race Begins:** 9:00 a.m. sharp
- Prizes:** All registered participants will receive a RIMH T-shirt.  
1<sup>st</sup>, 2<sup>nd</sup>, & 3<sup>rd</sup> place male/female in 5K/10K receive prizes.
- Contact:** Laura McLively (510)535-4463 / lauram@nativehealth.org

# PLEASE REMEMBER TO BRING \$3.00 FOR PARKING

SPONSORED BY THE NAHC NUTRITION & FITNESS DEPARTMENT AND FAMILY & CHILD GUIDANCE CLINIC

DETACH FORM ABOVE TO KEEP FOR YOUR INFORMATION, AND SUBMIT THIS FORM AND CHECK BY MARCH 1ST TO:

Native American Health Center  
NAF Department  
2950 International Blvd  
Oakland, CA 94618

**Please Print Clearly. Fill out one form per household.**

**PRIMARY REGISTRANT:** \_\_\_\_\_, \_\_\_\_\_  
(Last) (First)  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
Address: \_\_\_\_\_  
(street) (city) (zip)  
Telephone: (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
Race: 10K Run \_\_\_\_\_ 5K Run/Walk \_\_\_\_\_

*WAIVER: I understand and assume all risks associated with running or walking this event. By registering, I waive and release forever Native American Health Center, Oakland Parks and Recreation, River City Race Management, and all sponsors, beneficiaries, their employees, representations, and successors from all claims and liabilities arising out of my participation in this event. Signature \_\_\_\_\_ Date \_\_\_\_\_*

*All participants must sign; parent/guardian must sign for participants under 18.*

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(Last) (First)  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
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