

“Exercise is Strong Medicine”



Toiyabe Road Run

Individual Registration Form

The 2011 Toiyabe Road Run is scheduled for Saturday, November 5, 2011 at the Millpond Recreation Area. In addition to the traditional 10K run and 5K run-walk, there will be a Free 1K Fun Run-Walk open to all ages and abilities.

T-shirts are guaranteed to pre-registered participants only. Print out and mail the entry form (see last page) with payment today. Contact Toiyabe Preventive Medicine Department at 760-873-8851 for questions.

1K (.6 Mile) Fun Run-Walk

All ages and physical abilities are invited to participate in this **FREE** event. Registration is required.

5K (3.1 Miles) Walk/Run

Awards to 1st, 2nd, and 3rd place for fastest overall male and female; and to the 5 entrants who come closest to their predicted times.

10K (6.2 Miles) Run

Awards to 1st, 2nd, and 3rd place for fastest overall male and female; and to 1st place in each age division, male and female.

Event Schedule

Date: Saturday, November 5, 2011

Race Start: 9:00 AM (5K & 10K)

9:15 AM (1K)

Race Day Registration: 7:30 AM – 8:45 AM

Place: Millpond Recreation Area, Bishop, CA

Hotel Special Bishop Days Inn, \$59 single/\$69 double. Must call and request Toiyabe Road Run rate. 760-872-1095

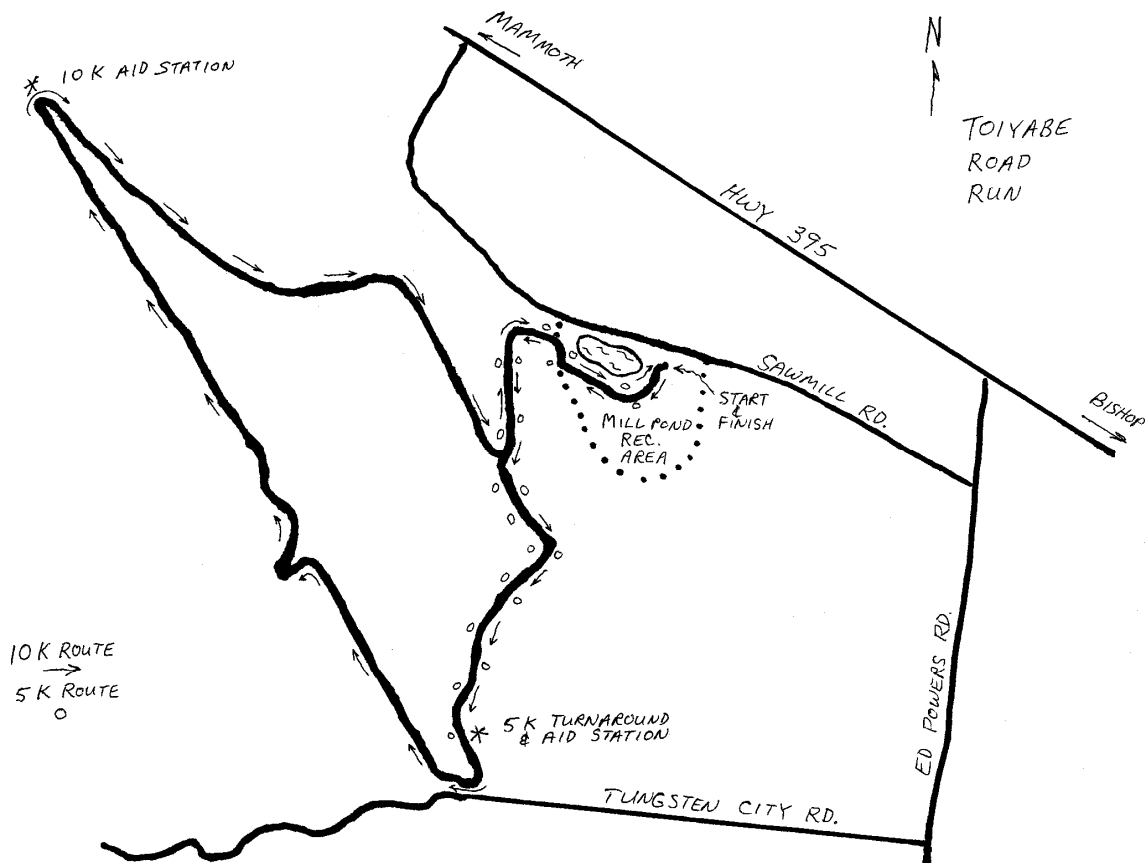
Registration Fees (Children & Adult)

Pre-Registration deadline: Wednesday, November 2nd, 5:00 PM, at Toiyabe

	<u>With T-Shirt</u>	<u>No T-Shirt</u>
5K: Pre-Registration	\$25	\$20
Race Day	\$30	\$25
10K: Pre-Registration	\$30	\$25
Race Day	\$35	\$30
Kids (12 and Under): Any time/either event	\$10	Free

Note: This year 5-person teams can compete against each other. Team members compete for team awards and pay lower registration fees. If you plan to register as part of a team, do not use this form. Instead, go back to the Toiyabe website (www.toiyabe.us) and click on the Toiyabe Road Run Team Challenge link.

5K and 10K Course Layout



Please Print Clearly and Sign Release Form Below

Name: _____ Sex: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Work/Cell Phone: _____ Home Phone: _____

Race Entry: 1K Fun Run 5K Run/Walk 10K Run I'd just like to donate the amount enclosed.

***5K Participants enter predicted time**
_____ minutes and _____ seconds

T-Shirt Size (circle size) **S** **M** **LG** **XL** **2XL** **3 XL** **No Shirt**

Age Group 12 & Under 13-19 20-29 30-39 40-49 50-59 60-69 70 & Above

Amount Enclosed: _____

Make checks payable
and mail to:

Toiyabe Indian Health Project, Inc.
52 Tu Su Lane
Bishop, CA 93514

Special Native American awards this year. Are you Native American? No ____
Yes ____
Your tribal affiliation:

RELEASE AND ASSUMPTION OF RISK

Intending to be legally bound and to assume all risk in connection with or in any way related to my participation in this event, I certify that my training and health care are adequate for me to participate safely. In consideration of you accepting my entry, I assume all related risk and do hereby for myself, my heirs and executors waive and release forever any and all rights and claims or damages I may have or which may hereafter accrue to me against persons or organizations affiliated with this race, including but not limited to Toiyabe Indian Health Project Inc., its officers, directors and employees, and any and all sponsors to this event; and responsibility to me for any and all injuries suffered by me while traveling to and from participating in the Toiyabe Road Run. Furthermore, I indemnify and hold harmless: the City of Los Angeles, the Los Angeles Department of Water and Power, The Board of Water and Power Commissioners of the City of Los Angeles, and all of their officers, employees and lessees; the US Department of the Interior, Bureau of Land Management, and all of their officers, employees, and lessees; and the County of Inyo Parks & Recreation Department, and all of their officers and employees.

I acknowledge that I have read and understand the content of this form.

Signature
(Parent or Guardian signature if participant is under age of 18)

Date

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