YOUR HEALTHY LIFESTYLE FESTIVAL

FAMILY FUN RUN AND FARMERS MARKET

2 MILE • FUN WALK/RUN

JULY 15, 2016

FREE GIVEAWAYS!!!

STARTS AT 0700 (CHECK-IN FROM 0615 - 0645)
PEARL HARBOR NEX/DECA PARKING LOT
(START LINE LOCATED IN THE PARKING LOT AT THE CORNER OF BOUGAINVILLE AND RADFORD DR)

Please bring registration on the day of the event.

For more information call the NHCH Health Promotion Office at: 471-2280

NEX® Navy Exchange | MWR JOINT BASE PEARL HARBOR • HICKAM | EXCHANGE ARMY & AIR FORCE EXCHANGE SERVICE | deca | NAVAL HEALTH CLINIC HAWAII HEALTH AND READINESS | USO 75 YEARS

Open to all Active Duty, Dependents, DoD Civilians, Retirees, Reservist, RIMPAC participants and sponsored guests.

ALL PARTICIPANTS MUST READ AND SIGN THIS WAIVER:

I acknowledge that this event is an extreme test of a person's physical and mental limits and carries with it the potential for death and property loss. I hereby assume the risks of participating in this event and certify that I am physically fit, have sufficiently trained for participation in this event and have not been advised otherwise by a qualified medical person. I acknowledge that this form will be used by the Joint Base Pearl Harbor-Hickam Morale, Welfare and Recreation Department and the sponsors and organizers of JBPHH MWR events. I hereby take action for myself, my executors, administrators, heirs, next of kin and successors, and assign as follows:
a) WAIVE, RELEASE, AND AGREE NOT TO SUE, from any and all liability for my death, disability, personal injury, property damage, property theft, or action of any kind which may hereafter accrue to me as a result of any participation in or my traveling to and from this event, THE FOLLOWING PERSONS OR ENTITIES: JBPHH MWR, event sponsors, race directors, representatives, agents and volunteers;
b) INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned in this paragraph from any and all liabilities or claims made by other individual or entities as a result of any of my actions during this event.

I HEREBY CERTIFY THAT I AM 18 (EIGHTEEN) YEARS OF AGE OR OLDER. I HAVE READ THIS DOCUMENT AND I UNDERSTAND ITS CONTENTS.

PARTICIPANT'S SIGNATURE: _____ Date: _____

PARTICIPANT'S NAME (PRINT): _____

SIGNATURE OF PARENT / GUARDIAN: _____ Date: _____

IF PARTICIPANT IS UNDER AGE OF 18
PARENT / GUARDIAN NAME (PRINT): _____