

NAMI-Juneau and SAIL present the 2nd annual

Run, Walk and Roll...

A 5k and 1 Mile Awareness Run for Mental Illness Awareness Week and Disability Awareness Month
Saturday, October 6th, 2012

Contact SAIL (586-4920) or NAMI-Juneau (463-4251) for information or questions.

Course Description This is a “poker run”—best hand wins! *It's not your time that matters, but the cards in your hand!* 5k and 1 mile participants will start at Twin Lakes and run the “medical hill” loop (past the SAIL office, up to the Hospital, by the Juneau Birth Center and SEARHC, and back to SAIL). From here, 1 milers will return to Twin Lakes. 5k runners will turn right at Glacier Highway and run down to Craig St, cross the street, and return to Twin Lakes via the Twin Lakes Trail.

Registration Form

Name: _____ Phone: _____

Address: _____

Email: _____ Age: _____ Gender: _____

Distance
(circle one)

5k 1 Mile

Pre-Registration Suggested Donation
Pre-Register by 5pm, Friday, October 5th
\$10

*Make Checks Payable to “SAIL” or “NAMI”

Day of Race Suggested Donation
\$15

DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM In consideration of being allowed to participate in any way in DISABLED SPORTS USA's programs, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned: **(1)** Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise DISABLED SPORTS USA of such condition(s) and refuse to participate. **(2)** Acknowledge and fully understand that I and/or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time. **(3)** Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death. **(4)** Release, waive, discharge and covenant not to sue DISABLED SPORTS USA, its affiliated clubs, their representative administrators, directors, agents, coaches, other employees, and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

Signature of Participant/Guardian (if under 18)

Today's Date