Hopi Special Diabetes Program
100 MILE CLUB

The 100 Mile Club is a 16 week walk/run exercise program for individuals 5 years and older. The goal for each participant is to reach 100 miles within 16 weeks, beginning May 4 thru August 21, 2009. Mileage is claimed **ONLY** by walking, jogging, running and the use of a treadmill; any other form of exercise cannot be used to claim mileage. It is recommended that anyone with a medical condition such as hypertension, diabetes consult with a physician prior to participation in the 100 Mile Club.

As a participant you will be responsible for logging your mileage in the log book provided, turning in your log sheets on a bi-weekly basis, ensuring that your mileage is calculated correctly and your name written legibly on the log sheet. The 100 Mile Club staff is not responsible for log sheets without names or written illegibly (unclear) and miscalculation of mileage by the participant. All mileage must be submitted to the Hopi Special Diabetes Program no later than August 28, 2009 by 5:00 p.m.

Registration begins April 13 thru May 4, 2009!
$8.00/person April 13—May 3 $10.00/person on May 4

If you have any questions regarding the 100 Mile Club,
please contact the Hopi Special Diabetes Program at (928) 734-3432/3433.

Please detach bottom and return with your payment to the address listed.

THANK YOU!

2009 100 MILE CLUB REGISTRATION FORM

Hopi 100 Mile Club P.O. Box 123 Kykotsmovi, AZ 86039 (928) 734-3432

First Name: _____ **M.I.:** _____ **Last Name:** _____

Gender: Female Male **Age:** 5-18 19-30 31-45 46-59 60+ **Village Affiliation:** _____

Address: _____
Mailing Address City State Zip Code

Home Phone: _____ Message Phone: _____ Work Phone: _____

Employer: _____ E-Mail Address: _____

T-Shirt Size: **Youth:** Med (6-8) Large (10-12) X-Large (14-16)
Adult: Small Medium Large X-Large 2X-Large 3X-Large 4X-Large

Waiver

I hereby recognize and agree that participants in the Hopi Tribe 100 Mile Club (hereinafter referred to as the "Club") may be subjected to certain risks of physical injury, damages or loss. I voluntarily agree to assume the risks of physical injury, damages, or loss that I may sustain as a result of participation in the Club. I further waive and relinquish all claims that I may have against the Hopi Tribe and all program sponsors, including officials, volunteers and employees. I have read and fully understand the warning, assumption of risks, the waiver, and release of all claims.

Participant's Signature: _____ *Date:* _____
If under 18, parent or guardian's Signature: _____ *Date:* _____

OFFICE USE ONLY
Registration Date _____ Payment: Cash _____ Money order _____ Check #_____ Receipt Number _____ Received by: _____