

6th ANNUAL COMBAT MEDIC MEMORIAL RUN



10K, 5K Race and 2K fun Run/Walk

When: 1 March 2003

Starting Time: The 10K will begin at 0800 ; The 5k Run at 0815 and the 2K at 0820

Starting Point: Raymond W. Bliss Army Health Center

Course: Measured in accordance with TAC Regulations "Challenging High Desert Course"

Fee: \$12.00 Early Registration (\$1.00 off TMRC)
\$15.00 Race Day (\$2.00 off TMRC)

PHOTO ID REQUIRED AT GATE Early registration must be postmarked by 21 February 2003 ***PHOTO ID REQUIRED AT GATE***
Packets will be available on race day at the early registration desk.

Race Day Registration: Check in and register between 6:30-7:30 am.

Age Divisions: (Men and Women)

14 and under 15-19 20-29 30-39 40-49 50-59 60 and over

Points of Contact: SFC Zeak Williams (W) (520) 533-2627 zeak.williams@cen.amedd.army.mil (not available until Jan 03)

SSG Rivera (W) 533-2555 orlando.rivera@cen.amedd.army.mil

Or Barbara Chavez (W) (520) 533-8009 (H) (520) 803-1526 barbara.chavez@epg.army.mil

Race Sanctioned by: Thunder Mountain Running Club, course measured by J. Smith, December 1997

Race Sponsored by: Sierra Vista Regional Health Center, Sierra Vista, AZ

Make checks payable to: Combat Medic Memorial Run Fund

Mail registration to:

Zeak Williams/ Orlando Rivera

RWBAHC Bldg 45001 ATTN: SFC Williams/SSG Rivera

Fort Huachuca, AZ 85613

LONG SLEEVE T-shirt guaranteed to first 100 registered. Trophies to top male and female overall winners. Statues to top male and female in each age division. Trophies for second and third place in each age division. Ribbons to all 2K participants, and to all 14 and under who complete the 10K.

As safety measurements for the runners, no headphones, dogs and strollers please

Map of Course available upon request

----- Detach Here -----

GENERAL RELEASE OF WAIVER OF LIABILITY

I know that running a road race is a potentially hazardous activity. I should not enter unless I am medically capable and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks related to running in this event including, but not limited to falls, contact with other participants, the effects of weather, traffic and conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I for myself and anyone entitled to act on my behalf, waive and release the U.S. government, U.S. Army, USAMEDDAC, Sierra Vista Regional Health Center, Combat Medic Memorial Run Fund and its members, Fort Huachuca, AZ, Thunder Mountain Running Club, their representatives, and successors from all claims and responsibilities of any kind arising in participation in this event even though that liability may arise out of negligence or carelessness on the part of person(s) named in this waiver. I also agree that I may be examined during the course of this race by qualified personnel in the event medical problems of any kind arise. I assume and pay my own medical and emergency expenses in the event of an accident, illness or other incapacity, regardless of whether I have authorized such and emergency expenses and sufficiently trained to participate in the race. By signing this application, I certify that I have read the waiver and agree to these terms.

PRINTED NAME

SIGNATURE

DATE

PARENT OR GUARDIAN'S PRINTED NAME AND SIGNATURE IF UNDER 18

ADDRESS

CITY

STATE

ZIPCODE

DATE OF BIRTH

AGE ON RACE DAY

GENDER

SHIRT SIZE: M L XL

2K _____

5k _____

10K _____

DATE PAID _____

DATE RECEIVED T-SHIRT _____