



# Event Registration Form



Company: \_\_\_\_\_

Date: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

Event Location: \_\_\_\_\_

## Participant Information

Full Name			
Email Address			
Phone Number		Tribal Affiliation	
D.O.B.		Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male

## Additional Information

Are you a Community Member of SRPMIC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an SPRMIC Employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, department: _____
Wellpath/StrongLife Participant?	Employee ID#: _____ SRPMIC ID#: _____

## Waiver of Liability and Program Rules & Details

In consideration of my participation in this Public Health -Diabetes Prevention Service activity, I hereby for myself, my heirs, my executors and administrators waive any and all rights and claims for damages I may have against Salt River Health Services Department, Diabetes Prevention Services, Salt River Pima-Maricopa Indian Community, the group, the sponsors, and any individuals associated with the activity for any claim damage or injuries sustained by me and those listed by name on this registration form during any portion of this event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If minor, Parent/Legal Guardians Signature: \_\_\_\_\_