



# Event Registration Form



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

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

<b>Event Name:</b>	<u>2026 Beat the Heat Challenge</u>
<b>Event Date:</b>	<u>Monday July 13, 2026 - August 16, 2026</u>
<b>Event Location:</b>	<u>Diabetes Prevention Services - Fitness Center</u>

## Participant Information

<b>Full Name</b>	_____		
<b>Email Address</b>	_____		
<b>Phone Number</b>	_____	<b>Tribal Affiliation</b>	_____
<b>D.O.B.</b>	_____	<b>Gender</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Address</b>	Street: _____		City: _____
	State: _____		Zip Code: _____

## Additional Information

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