



ROCK & RIVER

Marathon and Half Marathon Festival

Reno Arch | Sunday, May 2, 2010

The Obesity Prevention Foundation Team to Fight Child Obesity!

Join the doctors and staff of Western Bariatric Institute and iMetabolic to help raise awareness of childhood obesity. Your donation to the **Obesity Prevention Foundation** running/jogging/walking team will include: race registration, a Rock-n-River technical running shirt, and an **OPF** technical running shirt; to wear on race day.

To learn more about the **OPF** Team, email Erin at ewallace@westernsurgical.com

To learn more about the race details, visit www.rock-n-riverhalfmarathon.com

To register, complete this form and mail it to: Obesity Prevention Foundation, 645 North Arlington, Suite 525, Reno, NV 89503.

*Please make check out to—Obesity Prevention Foundation. Registration and payment must be received by *Tuesday, April 6, 2010*

Full Name: _____ **Age on Race Day** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

T-Shirt Size () Small () Medium () Large () X-Large () XX-Large () XXX-Large

Donation Amount Enclosed (cash or check only): \$50 (minimum donation) Other _____
() 10K () Half Marathon () Marathon

Waiver and Release of Responsibility

I understand that running is strenuous activity and that by voluntarily participating in this event I assume responsibility for any injury that I may suffer. I hereby waive all claims against the Castle Rock Multisports, its member, volunteers, and sponsors. I attest that I am physically fit and prepared to participate in this event.

I have read this release: **Participant Signature:** _____ **Date:** _____
(signature of 18 or over)

Minor's Parent/Legal Guardian Waiver and Release of Responsibility

I, the minor's parent/legal guardian, understand the nature of running and the minor's experience and abilities and believe the minor to be physically capable of participating in this activity. I assume the responsibility for any injury that the minor may suffer. I hereby waive all the claims against Castle Rock Multisports, its officers, members, volunteers and sponsors.

I have read this release: **Parent/Guardian Signature:** _____ **Date:** _____

Print Parent/Guardian: _____ **Minor's Name:** _____

Parent/Guardian Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Emergency Contact Information: **Name:** _____ **Phone:** _____