



GILA RIVER INDIAN COMMUNITY

# *Mul-Chu-Tha Fair & Rodeo*

*Annual Celebration and Pow Wow with a Celebration  
of Culture through Dance, Music and Art.*

## **4th Annual Half Marathon / 10K Foot Race**

**SATURDAY, MARCH 7TH 2015  
KOMATKE (LAVEEN) , AZ  
RACE BEGINS AT 7:00 AM  
DISTRICT 6 SERVICE CENTER**

### **CATEGORIES:**

**INDIVIDUAL HALF MARATHON FOOT RACE  
3 PERSON CO-ED HALF MARATHON RELAY FOOT RACE  
10K INDIVIDUAL FOOT RACE  
2 MILE FITNESS WALK/RUN (NON-COMPETITIVE)**

**CONTACT: ALVIN.CASOOSE@GRIC.NSN.US**

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**(520) 562 - 2025, 2026**

**MULCHUTHA@GRIC.NSN.US**



GILA RIVER INDIAN COMMUNITY AND TRIBAL RECREATION & WELLNESS CENTER SHALL NOT BE HELD RESPONSIBLE FOR BODILY INJURY, THEFT, OR DAMAGES INCURRED DURING THE MUL-CHU-THA FAIR & RODEO

# Runner Information

**FREE** for all Gila River Indian Community Members and Gila River Tribal Employees and Registered Fun Run Series Participants.

The 2015 Mui Chu Tha Half Marathon, 10k and 2 mile walk will be open and free to all Participants.

**LAST DAY TO REGISTER FOR EVENT WILL BE MARCH 5<sup>TH</sup>, 2015**  
**NO REGISTRATIONS WILL BE ACCEPTED ON THE DAY OF THE RACE**

**ALL REGISTRATION FORMS MUST BE MAILED, HAND DELIVERED, FAXED, OR EMAILED TO THE SACATON WELLNESS CENTER**

P.O. BOX 328  
SACATON, AZ 85147  
520.562.2025 PHONE  
520.562.6122 FAX

[ALVIN.CASOOSE@GRIC.NSN.US](mailto:ALVIN.CASOOSE@GRIC.NSN.US)  
[TYREL.THINN@GRIC.NSN.US](mailto:TYREL.THINN@GRIC.NSN.US)

FOR MORE INFORMATION CONTACT THE SACATON WELLNESS CENTER AT 520.562.2025 or 2026.

## RACE STARTING TIMES

13.1 Foot Race (Half Marathon), 13.1 Relay, 10K, will begin at 7:00 a.m.

Non-competitive 2 mile fitness walk/run will begin at 7:15 a.m.

## RELAY TEAM RULES

Relay team **MUST** have 3 runners. Runners must consist of 2 female and 1 male or 2 male and 1 female or all female teams. Each team will be issued a race bib number and 1 baton. Each runner can only run on 1 team and 1 leg of the relay event. **Please arrive 45 minutes early so that runners can be transported to designated station.**

## Lodging

If you plan on arriving the night before the event accommodations will be available in the Aquatic breezeway located in the Recreation Building at the District Six Service Center. You will need to provide your own sleeping accommodations. Showers and bathroom facilities will be available.

## Packet Pick Up

Will begin on Friday March 6, 2015 from 8:00 a.m. to 1:00 p.m. at the Sacaton Wellness Center. Last chance packet pick up will be at 6:00 a.m. on site.

## POST RACE MEAL

Join us for a post race meal at the District Six Service Center at 11:30 a.m. Saturday March 7, 2015.

## ALL RUNNER INFORMATION

Parking will be available at the District Six Service Center Park. All runners will be required to wear their issued bib number; no replacement bibs will be issued out, this is a safety issued bib if any accident would occur. Additionally, you will not be able to compete for any awards.

## INDIVIDUAL HALF MARATHON RULES

You must be 17 years old on or before March 7, 2014 to participate in race. Please read and sign the Release and Liability Agreement, if participants are under the age of 18, waivers must be signed by a parent or guardian.

**\* RUNNERS MUST COMPLETE THE ½ MARATHON WITHIN A 3 HOUR TIME LIMIT. ANYONE STILL ON THE COURSE AFTER 3 HOUR TIME LIMIT WILL BE PICKED UP AND RETURNED TO THE FINISH LINE\***

\*\* Official time for 13.1 Foot Race (Half Marathon) & 10K, will be directed by race director  
\*\* No changes will be accepted after Wednesday, March 4, 2015



# ENTRY FORMS

## 13.1 Foot Race (Half Marathon), 10K & 2 MILE WALK Registration Form

## 13.1 Foot Race 3 Person Co-Ed Relay

DEADLINE TO REGISTER FOR ALL EVENTS: Thursday, March 5, 2015  
5:00 p.m

NAME (PLEASE PRINT) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PHONE \_\_\_\_\_  
ALTERNATE NUMBER \_\_\_\_\_  
EMAIL (TO CONFIRM ENTRY) \_\_\_\_\_  
EMERGENCY CONTACT \_\_\_\_\_  
EMERGENCY CONTACT PHONE \_\_\_\_\_

\_\_\_\_ MALE \_\_\_\_ FEMALE  
BIRTHDATE \_\_\_\_\_ AGE ON RACE DAY \_\_\_\_\_  
GILA RIVER INDIAN COMMUNITY MEMBER Y \_\_\_\_ N \_\_\_\_  
FEDERALLY RECOGNIZED TRIBAL MEMBER Y \_\_\_\_ N \_\_\_\_

PLEASE CHECK EVENT YOU ARE ENTERING:      MALE      FEMALE  
\_\_\_\_ 13.1 FOOT RACE (HALF MARATHON)      \_\_\_\_\_ 12-17  
\_\_\_\_ 10K      \_\_\_\_\_ 18 - 29  
\_\_\_\_ 2 MILE FITNESS WALK/RUN      \_\_\_\_\_ 30 - 40  
\_\_\_\_      \_\_\_\_\_ 41 - 50  
\_\_\_\_      \_\_\_\_\_ 51+

Shirt Size    S    M    L    XL    2X

TEAM NAME/ORGANIZATION \_\_\_\_\_ TEAM CAPTAIN \_\_\_\_\_

1. Name (First Leg—4 miles) \_\_\_\_\_ Shirt Size \_\_\_\_\_ M/F \_\_\_\_\_  
Address (First Leg Runner) \_\_\_\_\_ Phone Number \_\_\_\_\_
2. Name (Second Leg—4 miles) \_\_\_\_\_ Shirt Size \_\_\_\_\_ M/F \_\_\_\_\_  
Address (Second Leg Runner) \_\_\_\_\_ Phone Number \_\_\_\_\_
3. Name (Third Leg—5.1 miles) \_\_\_\_\_ Shirt Size \_\_\_\_\_ M/F \_\_\_\_\_  
Address (Third Leg Runner) \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature of Runner (First Leg) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian if under 18 years \_\_\_\_\_ Date \_\_\_\_\_

Signature of Runner (Second Leg) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian if under 18 years \_\_\_\_\_ Date \_\_\_\_\_

Signature of runner (3<sup>rd</sup> Leg) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian if under 18 years \_\_\_\_\_ Date \_\_\_\_\_

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PROGRAMS, AND GILA RIVER COMMISSIONERS SHALL NOT BE HELD RESPONSIBLE FOR  
BODILY INJURY, THEFT, OR DAMAGES INCURRED DURING THE MUL-CHU-THA FAIR AND  
RODEO

**GILA RIVER INDIAN COMMUNITY**  
**53<sup>rd</sup> Annual Mul Chu Tha Fair and Rodeo**  
**March 7 - 15, 2015**  
**Sports Activities and Rodeo Agreement Waiver & Release**

Participant Name \_\_\_\_\_

Age \_\_\_\_\_ Phone Number \_\_\_\_\_

District (circle one) Tribal Member Non-Member GRIC Employee

I certify that I am participating in the 52<sup>nd</sup> Annual Gila River Indian Community Mul Chu Tha Fair and Rodeo activities which includes, but is not limited to, such activities as a run/walk, softball tournament, basketball tournament, or other games and sports (the "activities").

I represent that I am in sufficient health to participate in these activities. I will not be under the influence of drugs or alcohol, which would impair my ability. I acknowledge and agree these activities have inherent risks. I have full knowledge of the nature and extent of all the risks associated with these activities.

In consideration of my participation in these activities, I agree (on behalf of myself, my heirs, executors, administrators, and assigns) to release, discharge, waive and relinquish the Gila River Indian Community and the Gila River Indian Community Tribal Recreation Program (or its officers, agents, employees and volunteers) from any and all liabilities, claims, or actions for personal injury, property damage, or wrongful death which may arise out of my participation.

Participant Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian Consent: (To be completed and signed by parent/guardian for participants under 18 years of age). I certify that I am the parent or legal guardian of the above participant and that I am entitled to his or her custody and control and I do hereby give permission for the Child to participate in the above activities. I further certify that the Child is in sufficient health to participate in these activities. I realize that by participating in these activities the Child could be exposed to a risk of injury or death. I understand the dangers incidental to participating in these activities and the need for safety precaution, I have discussed the dangers of these activities and the need for safety precautions with the Child. I hereby execute the above Sports Activities Agreement Waiver and Release on his/her behalf.

Parent/Guardian Signature \_\_\_\_\_

Adult/Parent Name Printed \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_