



DENVER INDIAN HEALTH AND FAMILY SERVICES, INC.

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What: One Mile Race for kids 6-12 held in conjunction with the 2006 North American Indigenous Games
When: July 2nd, 2006
Time: 10 am
Where: All City Stadium
1700 East Louisiana Street, Denver, CO
Cost: Free!

MO SMITH'S ONE MILE CHALLENGE



- Medals will be presented to the Gold, Silver, and Bronze place boy and girl finishers in each of age category of 6-12 years old.
Following the race MSOMC participants will be part of the Welcoming of the Four Directions Ceremony, at the All City Stadium, for the Opening Ceremonies of the 2006 North American Indigenous Games. This is an unprecedented and once in a lifetime opportunity for you to participate in this momentous event as a Junior Athlete.
Please return this completed form to Jennifer Wolf or Danica Brown, contact information at the top of the page, or return it to a DPS or Jefferson County Indian Education staff member. Register by June 2nd to guarantee that your t-shirt size will be ordered and reserved for you. On-site registration will also be allowed, but t-shirt sizes will be fulfilled on "as available" basis. T-shirts will be distributed at the race.

Size: ___kids Sm ___kids Med ___kids Lg ___ adult Sm ___ adult Med ___ adult Lg

PARTICIPANT PERMISSION FORM AND RELEASE OF LIABILITY/Photography

Release of Liability:

I affirm that my child does not have any physical or medical limitations which have not been disclosed. If he/she is under that care of a physician, disclosed or undisclosed, that might endanger the health of other participants, I affirm that he/she has been given approval by my physician for participation. I hereby release from any legal liability DIHFS, its Board of Directors, staff, interns/volunteers, City and County of Denver, and the Colorado Indigenous Games Society, from any and all liability of loss or damage, including any that results from claims for personal injury, death or property damage related to the participation in the activity provided. I understand and acknowledge that DIHFS does not offer any medical insurance to protect against accidents and has no responsibility for any medical expenses that may incur.

Release for Photography

I hereby authorize the agencies sponsoring this event, Denver Indian Health & Family Services, the Colorado Indigenous Games Society, and the City and County of Denver, to use my or my family's photographs and names in their publications. I understand that these agencies would like permission to reprint any or all material in publications, such as their website, newsletter, appeal letters and brochures and other media that the above listed agencies deem appropriate. This permission extends to the right to quote or paraphrase all or any portion of my or child's name, image, voice, likeness, and biographical data. This permission extends to the right to quote or paraphrase all or any portion of my child's writings, projects, personal experiences, remarks and recollections. I understand that DIHFS will be the sole owner of all copyright to said publications. I hereby release and discharge the sponsors and their licenses, successors and assigns from any and all claims, demands, or causes of action that I may have against them by reason of anything contained in any of the above uses, including claims based on the right of privacy, the right of publicity, copyright, libel, slander, or any other right. I understand that this authorization has no expiration date. I acknowledge that I am not entitled to receive any goods, services, or form of payment from the sponsors and/or their licensees, successors, or assigns in exchange for the use of this information.

My child, _____ Age _____, has permission to participate in the Mo Smith One Mile Challenge.

They will be participating in the _____ MSOMC One Mile Race _____ Welcoming of the Four Directions Ceremony at Invesco Field

Print name of child: _____

Print name of parent or guardian: _____

Parent/Guardian signature _____

Date _____

REQUIRED INFORMATION:

Home phone _____ Work Phone _____ Cell Phone _____

Does your child have health or accident insurance? Yes _____ No _____

If yes, name of company: _____

Dose your child have any physical limitations that would interfere with their participation in this event?

If yes, identify: _____

Is your child taking any medication? Yes _____ No _____ if yes, please list: _____