US FORCES-EUROPE TEN MILER (Qualifier Race) UNITED STATES ARMY GARRISON BAVARIA REGISTRATION FORM

PLEASE PRINT ALL INFORMATION

Name (Last)	(First)	/	(MI)	Rank/Grade	
Unit		_Garrison			
CMR	BOX			APO	
Duty Phone	Email address				
<u>A</u>	GE CATEGORIES (O	NLY DOD ID	CARDHOI	<u>.DERS)</u>	
GENDER	DOB: MM	1DD	YY	7	
MILITARY	ESERVE	(CIVILIAN		
U. S. Military & Civilian (18-	24 years of age)	U. S. Military	& Civilian (2	5-29years of age)	
U. S. Military & Civilian (30-	U. S. Military	U. S. Military & Civilian (35-39 years of age)			
U. S. Military & Civilian (40-	U. S. Military	U. S. Military & Civilian (45-49 years of age)			
U. S. Military & Civilian (50-	U. S. Military	U. S. Military & Civilian (55-59 years of age)			
U. S. Military & Civilian (60-	U.S. Military	U. S. Military & Civilian (65-69 years of age)			
U. S. Military & Civilian (70-	U.S. Military	U.S. Military & Civilian (75 and over)			
Wounded Warriors					

I the undersigned hereby waive and release any and all rights for claims, and damages against, IMA-Europe, the US Army Garrison Grafenwoehr, MWR and any other agency associated with the conduct of this event which includes preparation and execution. This waiver includes releasing the above-mentioned agencies, organizations and activities for any injury I might suffer while participating in this event. I hereby authorize emergency medical treatment if needed. I affirm that the given name and age is correct and I will not transfer my start number to another runner.

I agree to the terms above

PRINT NAME: _____

DATE:
