IMCOM-EUROPE ARMY 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

AGE CATEGORIES (ONLY DOD ID CARDHOLDERS)

GE Select ____ DOB: MM_____DD_____YY_____

MILITARY Select _____ ACTIVE DUTY RESERVE ☐

U. S. Military (18-24 years of age) ☐
U. S. Military (30-34 years of age) ☐
U. S. Military (40-44 years of age) ☐
U. S. Military (50-54 years of age) ☐
Wounded Warriors ☐

U.S. Military (25-29 years of age) ☐
U.S. Military (35-39 years of age) ☐
U. S. Military (45-49 years of age) ☐
U. S. Military (55 and Over) ☐
Civilians ☐

I the undersigned hereby waive and release any and all rights for claims, and damages against, IMCOM-Europe, the US Army Garrison Bavaria, Family and 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 above terms**

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

Click "HERE" To Submit