

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)

GENDER _____ DOB: MM _____ DD _____ YY _____

MILITARY _____ ACTIVE DUTY RESERVE

U. S. Military (18-24 years of age)

U.S. Military (25-29 years of age)

U. S. Military (30-34 years of age)

U.S. Military (35-39 years of age)

U. S. Military (40-44 years of age)

U. S. Military (45-49 years of age)

U. S. Military (50-54 years of age)

U. S. Military (55 and Over)

Wounded Warriors

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: _____

or download completed form and email to usarmy.bavaria.id-europe.list.fitness-programs@mail.mil