15th Annual

Step Into Spring

FUN WALK FOR ADULTS 50 YEARS & BETTER!

Thursday, March 20, 2014,
10:00 a.m. – Noon
$15.00!

Peoria Sports Complex, 16101 N. 83rd Ave.

- Check in at Gate A from 9:30 -10:00 a.m.
- Walk will start at 10:00 a.m.
- Musical entertainment
- Wellness Fair
- Lunch at 11:00 a.m.
- Custom t-shirts, door prizes

CITY OF PEORIA COMMUNITY SER-

CAREMORE
It's what we do.™

REGISTER BEFORE MARCH 7 TO GUARANTEE SHIRT AT EVENT

For more information, call 623-773-7436

Sorry, no refunds! Dress for the weather.
We'll walk rain or shine & lunch will be served.

STEP INTO SPRING SENIOR FUN WALK REGISTRATION - #79380
FEE: $15.00 (XX & XXX T-SHIRTS - $17)
MAKE CHECK PAYABLE TO CITY OF PEORIA

NAME (PRINT) _____ **PHONE** _____
ADDRESS _____ **CITY** _____ **ZIP** _____
EMAIL ADDRESS _____ **MALE** **FEMALE** **Age** _____
CIRCLE T-SHIRT SIZE: SMALL MEDIUM LARGE X-LARGE XX-LARGE XXX-LARGE

I/we hereby release and forever discharge Peoria Unified School District and the City of Peoria, an Arizona municipal corporation, its elected and appointed officials, directors, officers, boards, commissions, agents, representatives, servants, and employees, and any and all other persons, firms, or corporations who are or might be liable, from any and all claims of any kind or character which I/we have or may have against them due to my participation, or my child's participation, in a City of Peoria recreation program at a Peoria Unified School District facility. This waiver includes all damages, losses, costs, expenses, and injuries that allegedly occur during the course of this recreation program. In that regard, I/we covenant to indemnify, defend, and hold harmless to the fullest extent permitted by law the foregoing persons and entities from any loss or damages, including reasonable attorneys' fees and litigation expenses, which may be incurred by them in the event any such claims are asserted against them or any of them. I/we understand that medical claims are my/our responsibility. This waiver does not extend to any such claim or liability that is caused by the sole and exclusive intentional acts or gross negligence of Peoria Unified School District and/or the City of Peoria or its officers, employees, or agents. By signing, I authorize the City of Peoria to use and/or disclose certain protected health information (PHI) about me to any state licensing agency. I give my consent to the City to take photos/video of my child to be used by the City for program promotion.

SIGNATURE _____ **DATE** _____
IN AN EMERGENCY, PLEASE CONTACT _____ **PHONE:** _____

MAIL TO: PEORIA COMMUNITY SERVICES DEPARTMENT, 8401 W. MONROE ST., PEORIA, AZ 85345
ATTN: BILL MOSS

Community Services Department
Senior Adult Program
8401 W. Monroe St.
Peoria, AZ 85345
1490

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