



10<sup>th</sup> Annual Sand Creek Massacre Spiritual Healing  
Run/Walk  
November 27-29, 2008

"This years Healing Run is dedicated to the November 29, 1864, victims whose remains were repatriated at Sand Creek 144 years after the massacre."

**Runner/Walker Registration**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Protocols:**

- The Sand Creek Massacre Spiritual Healing Run/Walk is led by the main Eagle Staff.
- All runners and walkers show respect to the main Eagle staff by running/walking behind it; some people may bring other staffs with which to run/walk.
- The Sand Creek Massacre Spiritual Healing Run/Walk is a prayer.
- The Sand Creek Massacre Spiritual Healing Run/Walk is neither a race nor a competition.
- The Eagle Staff represents the prayers of the spiritual leaders who had a vision of healing and reconciliation for the ancestors of those killed at the Sand Creek Massacre site and for the future generations who reside in other parts of North America.
- The Sand Creek Massacre Spiritual Healing Run/Walk is a commemoration for the victims and survivors of the massacre, and for healing ancestral homelands.

I hereby release The Sand Creek Massacre Spiritual Healing Run/Walk and all agencies whose property and/or personnel are used, and other sponsoring or co-sponsoring companies, agencies or individual(s), from responsibility for any damages I may suffer as a result of my participation in the 9<sup>th</sup> Annual Sand Creek Massacre Spiritual Healing Run/Walk and related events. Also, in consideration of participating in any program or activity in the City and County of Denver's Park & Recreation property, I do hereby, for myself, my heirs and administrators, waive and release any and all claims I may have against The Sand Creek Massacre Spiritual Healing Run/Walk, its volunteers, various sponsoring agencies, and paid and non-paid volunteers. I hereby certify that I am in good physical condition and am able to safely participate in this event. Although I understand that a physician's examination is not required for registration, it is highly advisable that I consult with a physician before participating in athletic and strenuous activities. I have read this form and understand its content and request registration in programs offered by the DIHFS. I permit the use of my name and pictures in broadcasts, telecasts, newspapers, brochures, etc. As a participating walker/runner, I certify that all information provided in this form is true and complete.

Note: If entrant is under eighteen (18) years of age, a parent must sign the waiver, too.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent signature (required for entrants under 18) \_\_\_\_\_

I HAVE READ AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AND UNDERSTAND THAT I AM ENTERING THIS EVENT AT MY OWN RISK.

Signed \_\_\_\_\_ Date \_\_\_\_\_