



Date: March 12, 2016

Start Times:

7:00 AM – Ten (10) Mile Hike **10:00 AM** – Four (4) Mile Hike **11:00 AM** – One (1) Mile Hike

Location: Catalina State Park · 11570 N Oracle Rd. Tucson, AZ 85737 · **Meeting Place:** Ramada Picnic Area

Park Entrance Fees: Per Vehicle (1-4 Adults):\$7.00 Individual/Bicycle:\$3.00

General Information: Hike check-in will start at 6:30 AM. Please arrive at least 30 minutes before your hike start time for registration and check in. Pre-registration required. Register by mail at the address below, in person at the PWR!Gym® (140 W. Fort Lowell · Tucson, AZ 85705) or online at www.pwr4life.org/bowdenhike. For safety and security reasons, no animals are allowed.

I have selected to participate in the: <input type="checkbox"/> Ten (10) Mile Hike <input type="checkbox"/> Four (4) Mile Hike <input type="checkbox"/> One (1) Mile Hike			
Name: _____		Gender: M F	
Address: _____			City: _____
_____		State: _____	Zip: _____
Home Phone: _____		Cell Phone: _____	
Email: _____		Spouse/Partner: _____	
Emergency Contact: _____		Contact Phone: _____	

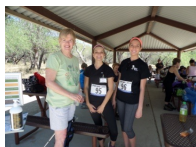
For additional information please contact Nancy at **520.591.5346**.

All of the hikes will start and finish at the ramada picnic area within the Catalina Foothills State Park. Start times will be staggered so that participants can finish their respective hikes at around the same time.

Upon completion of the event, hikers will enjoy a celebration with snacks, drink and music!

In 2014, the Bowden PWR!Hike raised \$15,000 for PWR! Help us reach our 2015 fundraising goal of \$20,000 by making a donation to PWR! If each participant contributes just \$100, we will easily reach our goal!

Donations can be made by credit card over the phone (520-591-5346), or by check to the PWR! Gym; 140 W Fort Lowell; Tucson, AZ 85705



PLEASE FILL OUT THE BACK OF THIS FORM TO COMPLETE REGISTRATION



LIABILITY

I, _____, attest that I am undertaking a challenging hike in Catalina State Park of my own volition. The hike will begin and end in Catalina State Park.

I have selected to participate in the Ten (10) Mile Hike, Four (4) Mile Hike, One (1) Mile Hike. By signing below I confirm that I am voluntarily participating in this hike and agree that it is my responsibility to furnish my own drinking water, food, appropriate gear, plans for turn around, and all first aid supplies required during the course.

I acknowledge that my ability, experience and physical condition are suitable to completing the hike. I voluntarily assume all risks incident to participating in the Bowden PWR!Hike, including all costs related to rescue or medical care. NeuroFit NetWorks, DBA: Parkinson Wellness Recovery, PWR!Gym®, their representatives, Tim and Diane Bowden, and all staff and volunteers are participants, and cannot be held liable for any personal injury or property damage related to the PWR!Hike, and have no responsibility to supervise or mentor or rescue any participant.

By signing this form, I acknowledge and accept that outdoor/wilderness activities can compound the difficulty of emergencies or delay medical care. It is not possible to anticipate all risks that could occur during this activity, but I accept all risks of my own accord. I hereby release, discharge, and agree to hold harmless Parkinson Wellness Recovery, PWR!Gym®, their representatives, Tim and Diane Bowden, and all staff and volunteers, from any liability arising from my participation in the Bowden PWR!Hike, for any loss, damage to personal property, and injury, however caused, of any kind, nature and description.

I will not sue Parkinson Wellness Recovery, PWR!Gym®, its representatives, Tim or Diane Bowden, nor any staff or volunteers for anything that may occur during this activity. I agree to pay at all costs, legal expenses and adverse judgments incurred by Parkinson Wellness Recovery, PWR!Gym®, its representatives, Tim or Diane Bowden, or any staff or volunteers for any claim or lawsuit that I file, or that is filed by anyone else on my behalf.

Signature

Date

Printed Name