150 Mile Challenge

Yavapai-Apache Nation Diabetes/Wellness Program

The 150 Mile Challenge is a walk/run exercise program for all individuals**, signature of Parent or Guardian for participants under 18 yrs. of age.** The goal is to reach 150 miles and accomplish lowering BMI (Body Mass Index), glucose readings, managing Diabetes & weight, which is an overall benefit to your health. **The 150 Mile Challenge will begin Friday, August 7th, 2026 – Monday, November 9th, 2026. Mileage is claimed ONLY by walking, jogging, and running.** The use of a **treadmill is permitted**; any other form of exercise will not be permitted**. It is recommended that any one with medical conditions should consult with primary caregiver prior to participating in this event.**

All Final log forms must be submitted no later than Tuesday, November 10th by 5:00pm (no exceptions).

Participants who complete the 150 Mile Challenge will receive an Incentive for participating.

Final Registration form is due no later than Thursday, August 6th, 2026.

If you have any questions regarding the 150 Mile Challenge Event Contact:

Robin Hazelwood – Diabetes Coordinator – (928)567-8469

Darlene Felix – CHR/WIC Supervisor – (928)649-7116

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150 MILE CHALLENGE REGISTRATION FORM

First Name: _____ **Last Name:** _____

Gender: Female Male **Age:** 17 & Under 18-30 31-45 46-59 60+

Address: _____
Mailing address City State Zip Code

Contact Phone Number: _____

Do you have Diabetes? Yes No Don't Know

WAIVER

I hereby recognize and agree that participants in the Yavapai-Apache Nation 150 Mile Challenge (hereinafter referred to as the "Challenge") may be subjected to certain risks of physical injury, damages or loss. I voluntarily agree to assume the physical injury, damages, or loss that I may sustain as a result of participation. I further waive and relinquish all claims that I may have against the Yavapai-Apache Nation and all programs sponsors, including officials, volunteers, and employees. I have read and fully understand the warning, assumption of risks, waiver and release all claims.

Participant's Signature: _____ **Date:** _____