



# ASAP & SHARP 5K PREVENTION COLOR WALK / RUN REGISTRATION FORM

FULL NAME

MILITARY U.S.

MILITARY NATO

FM/SPOUSE

DOD CIVILIAN

DATE OF BIRTH

GRADE / RANK

UNIT

COMMUNITY

PHONE NUMBER

EMAIL ADDRESS



ADDITIONAL RUNNERS

I, .....[Your Full Name], hereby declare that all the information provided in this registration form is true and accurate to the best of my knowledge. I understand that participating in physical exercise and fitness activities carries inherent risks, and I voluntarily assume all such risks. I acknowledge that ASAP / SHARP and its staff are not responsible for any injuries or accidents that may occur during the run.

Email: [usarmy.bavaria.id-europe.list.asap-eap@army.mil](mailto:usarmy.bavaria.id-europe.list.asap-eap@army.mil)

Date:

Signature:\_\_\_\_\_

## THANK YOU



**ASAP**  
ARMY SUBSTANCE  
ABUSE PROGRAM



**SHARP**  
SEXUAL HARASSMENT/ASSAULT  
RESPONSE AND PREVENTION