REGISTRATION FORM

ORGANIZATION NAME	LIONS CLUB NAME

Participants Name _____ **Phone** _____

Address _____ **FEE $** _____

☐ 5 K RUNNER *Number Assigned* _____ ☐ 5 K WALKER

SAFETY WAIVER / DISCLAIMER

I, the undersigned for myself, my heirs, executors, administrators and assigns, do hereby release, and discharge the Lions of District 1-A, and any or all event sponsors and recipients from any and all claims, demand actions and/or causes of action of any kind for any Injuries or damage sustained by me arising out of my participation in this event including pre and post activities. Attest and verify that I am sufficiently physically fit to participate in this event and that I have no condition that prevents me from safely participating herein. I understand that the Lions of District 1-A, the event sponsors, and/or news organizations may photograph and videotape images containing my likeness which will be the sole property of the photographer and the Lions of District 1-A. I here-by authorize the Lions of District 1-A, the events sponsors, and/or news organizations covering this event to use or publish said images containing my likeness in the news accounts, for publicity, in promotional material, and for any other lawful purpose.

PRINT NAME X_____ SIGN NAME X_____

DONATION FORM

NAME	ADDRESS - City - State – Zip	Donation $ Amt.

PLEASE MAKE CHECKS PAYABLE TO
DISTRICT 1 A LIONS

SUB TOTAL $ _____
FEE $ _____
DONATION TOTAL $ _____

SIGNED _____

SUNDAY APRIL 27th 2014