



Thursday, July 21
EVENT REGISTRATION FORM

REGISTRATION FEES (check one):

- 5k Registration (\$35)
1 Mile Registration (\$25)

\*Please note, registration fees will increase by \$5 on event day

Registration Amount: \$
Additional Donation: \$
Total: \$

CONTACT INFORMATION:

First and Last Name
Street Address
City State Zip
Email (required) Phone
Team Name
Gender: Date of birth:
Shirt Size: (Adult unisex sizes YL, S, M, L, XL, XXL available)

PAYMENT INFORMATION:

Check Number:
Visa: MasterCard: Discover: AmEx:
Credit Card #: Exp. Date: Security Code:

I hereby waive all claims against the Les Turner ALS Foundation, its officers, directors, independent contractors, vendors, sponsors, or employees for any injury that I may suffer from my participation in this virtual event. A virtual race is a race that can be run (or walked) from any location you choose.

I grant full permission for event organizers and the Les Turner ALS Foundation to use photographs, videotapes, motion pictures, recordings, or any other record of this virtual event in which I may appear for any marketing or fundraising purposes.

I am over 18 years old, or if applicable, I am the parent or legal guardian of the child under 18 years old who is attending or participating in this virtual event, and I have the full power and authority to agree to these terms on behalf of such child, and bind him/her to the terms hereof.

Signature: Date: