

Bib Number: _____

Paid: _____



Strike Out ALS 5k Registration Form

EVENT FEES:

Registration Amount: \$15.00

Donation Pledge Minimum: \$50.00

Additional Donation: \$ _____

Total: \$ _____

CONTACT INFORMATION:

Name _____

Address _____

City _____ State _____ Zip _____

Phone (required) _____

Email _____

Team Name _____

Gender: _____ Age: _____ Shirt Size: _____ Runner/Walker

PAYMENT INFORMATION:

Visa:___ MasterCard:___ Discover:___ AmEx:___ Check Number:___ Cash: ___

I hereby waive all claims against the Les Turner ALS Foundation, sponsors, or personnel for any injury that I may suffer from my participation in this event. I grant full permission for organizers to use photographs, videotapes, motion pictures, recordings or any other record of this event in which I may appear for any legitimate reason. Having read this waiver and knowing these facts, and in consideration of this acceptance of my entry, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waiver, release and discharge the Les Turner ALS Foundation, the race organizers, event officials, volunteers, and any other sponsors, suppliers, agents, independent contractors, employees and other personnel in any way assisting or connected with this event. I am over 17 years old, or if applicable, I am the parent or legal guardian if the child under 18 years old whom I am registering for this 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. I have read this waiver.

Signature: _____ Date: _____