

LEGACY

Walk-a-thon

Saturday, May 4th, 2019 - 9:00 am

LCA is building Christian Leaders who will leave a legacy

REGISTRATION FORM

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Age as of May 4, 2019: _____

Sex: M – F

Walking in memory of: _____

Will you be walking on a team: Yes – No

Team Name: _____

Team Fundraising goal: _____

Circle Shirt Size: YS YM YL S M L XL 2XL

**Any registration forms received after April 19, 2019 may not receive a t-shirt*

RELEASE OF LIABILITY

I KNOW THAT WALKING/RUNNING IN A WALKATHON IS A POTENTIALLY HAZARDOUS ACTIVITY. I REPRESENT THAT I AM MEDICALLY ABLE AND PROPERLY TRAINED TO PARTICIPATE IN THIS EVENT. I ASSUME ALL RISKS ASSOCIATED WITH THIS EVENT INCLUDING, BUT NOT LIMITED TO, HEAT EXHAUSTION, FALLS, CONTACT WITH OTHER PARTICIPANTS, EFFECTS OF WEATHER, DANGEROUS TRAFFIC CONDITIONS, ETC, ALL SUCH RISKS BEING KNOWN AND RECOGNIZED BY ME. I HEREBY AGREE, FOR MYSELF AND HEIRS, ASSIGNS, PERSONAL REPRESENTATIVE, EXECUTORS AND ADMINISTRATORS, TO WAIVE, RELEASE, AND FOREVER DISCHARGE LIFE CENTER ACADEMY AND ITS RESPECTIVE DIRECTORS, OFFICERS, AND EMPLOYEES, VOLUNTEERS, AND ANY AND ALL SPONSORS, SUPPLIERS AND ANY OTHER PERSONNEL ASSISTING OR CONNECTED WITH THIS EVENT, ANY RIGHTS, CLAIMS, OR DEMANDS THEREFORE WHICH I MAY HAVE OR WHICH I MAY HEREAFTER ACCURE TO ME ARISING OUT OF INJURY TO MY PERSON OR MY PROPERTY INCURRED IN CONNECTION WITH PARTICIPATION IN THE LEGACY WALKATHON HELD ON MAY 4, 2019.

SIGNATURE

DATE

PARENTS SIGNATURE IF UNDER 18 YEARS OF AGE

DATE

