## 2020 Run Walk or Ride Registration Form (PLEASE PRINT AND COMPLETE FORM)

(This is a charitable event. Entry fees are non-refundable)

Choose your event: \$25.00 □5K Run □5K Walk \$15.00 □5K Ride	Lory's Place
Your Age:	Run · Walk · Ride
Gender: □Male □Female	
First Name:	_Last Name:
Address:	
City:State:Zip:	
Phone:	
E-mail:	
may have against the event director, RunSignup.com, its agents assisting with the event, spons Circle, the City of St. Joseph, Spectrum Health Lakeland and all its affiliates, The Whirlpool Corpor rectly from my participation in the Run, Walk, Ride event and related activities. This release incliphysical condition to participate in this event. I authorize Lory's Place, Hospice at Home, Inc. and/oparticipation in any Lory's Place, Hospice at Home, Inc. dba Caring Circle and/or Spectrum Heal	sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medica all children under 18 years) having read and agree to the above waiver