

Run Walk Rock Event Registration Form

This is a charitable event. Entry fees are non-refundable. Please make checks payable to Lory's Place.
Event date is subject to change due to COVID-19 and CDC Guidelines.
(please print, and complete all blanks, one participant per form)

Event Date: Saturday, May 15, 2021

Circle an Event: 5K Run 5K Walk

Gender: Female _____ Male _____

Age: _____

First/Last Name: _____

Address: _____

City: _____ **State:** ____ **Zip:** _____

Phone: _____ **Email:** _____

T-Shirt Size: (circle one)
YL Small Medium Large X-Large 2X-Large no shirt

School Attending: _____

☐ Elementary ☐ Middle ☐ High ☐ College

Families or groups of four or more, receive \$5 off each registration until May 13.

5K Run/Walk Race Fees:

Sprinter-If registered by **March 31** \$25 _____
Middle of the Pack-If registered from **April 1 to 30** \$30 _____
Last Dash-If registered from **May 1 to 13** (not guaranteed a shirt) \$35 _____
Back of the Pack-If registered on **May 14 or 15** (not guaranteed a shirt) \$40 _____
Total Registration Cost \$ _____

In consideration for acceptance of this entry, I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the event director, RunSignup.com, its agents assisting with the event, sponsors, sponsor's representatives and employees, Lory's Place employees, management, Hospice at Home, Inc. dba Caring Circle, the City of St. Joseph, Spectrum Health Lakeland and all its affiliates, The Whirlpool Corporation and their representatives, successors, and assigns for any and all injuries or illness which may result directly or indirectly from my participation in the Run, Walk, Rock event and related activities. This release includes any and all injuries or damages suffered by me before, during or after the event. I further state that I am in proper physical condition to participate in this event. I authorize Lory's Place, Hospice at Home, Inc. and/or Spectrum Health Lakeland to use any photographs, personal narratives, interviews, audio and/or video recording of my participation in any Lory's Place, Hospice at Home, Inc. dba Caring Circle and/or Spectrum Health Lakeland event for any and all purposes. I certify as a material condition to me being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a parent or adult guardian acknowledges for all children under 18 years) having read and agree to the above waiver.

Signature: _____ **Date:** _____

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