

RUN 4 FOOD

OCTOBER 5, 2019
LANSING RIVER TRAIL

REGISTRATION

WAIVER

BY SUBMITTING THIS FORM, I HERBY, FOR MYSELF, MY HEIRS, AND MY EXECUTORS, WAIVE AND RELEASE ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY HAVE AGAINST CRISTO REY COMMUNITY CENTER AND THE CITY OF LANSING. I GRANT PERMISSION TO USE MY PHOTOGRAPHS, MOTION PICTURES, AND RECORDING OR ANY OTHER RECORD OF THIS EVENT FOR ANY LEGITIMATE PURPOSE.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

EMAIL _____

BIRTHDAY _____ AGE AS OF 10-5-19 _____

PAYMENT METHOD:

☐ CHECK

☐ CASH

☐ CREDIT CARD

CHECK ENCLOSED FOR \$ _____
(PAYABLE TO CRISTO REY COMMUNITY CENTER)

☐ VISA

☐ MASTER CARD

☐ DISCOVER

☐ AMERICAN EXPRESS

CARD # _____

CARD HOLDER NAME _____

CARD HOLDER SIGNATURE _____

T-SHIRT SIZE

S

☐

M

☐

L

☐

XL

☐

2XL

☐

3XL

☐

GENDER

MALE

☐

FEMALE

☐

SIGNATURE _____ DATE _____
(OF PARTICIPANT OR GUARDIAN)