

## $4^{\text{th}}$ Annual Silver Bells 5K Run/Walk November $22^{\text{nd}}$ at 10:00a.m.

Name:		Gender	<b>:</b>	
Race Day Age: Awards for top three in each age group!				
Shirt Size (Participants	that sign up by November	er 1 <sup>st</sup> are guarantee	ed a race shirt):_	
Address:		City:	Zip:	
Phone:	E-Mail:			
				e for sale for \$10
Waiver of Participation ADULT AUTHORIZATION	<u>on</u> FOR EMERGENCY & ROUTIN	E MEDICAL TREATM	ENT AND RELEAS	E OF LIABILITY
such emergency or routine med any activity offered by City of under or through me, hereby re	dical treatment for me as they, in t Lansing. Further, in consideratio	the exercise of their disc on of city of Lansing mal ng, its employees, repres	eretion, deem necessar king this available to sentatives and volunte	and representatives, to obtain or provide ry or appropriate while I participate in me, I, for myself, and anyone claiming errs from all liability, claims, demands, a activity.
I attest that I am 18 years of ag	e or more and that I do not have a	ı legal guardian.		
Signature:	Date:	<u> </u>		
I, Lansing. In addition, I consen	t to the reproduction and use of an oses and I waive any claim by my	ing photographed/videot ny such photographs and	taped while participate I videotapes by City o	ing in any activity offered by City of f Lansing for educational, public e, for compensation of any kind in
I attest that I am 18 years of ag	e or more and that I do not have a	ı legal guardian.		
Initial Date:_				