



## Outrun Lupus 5K | OutrunLupus.org

### REGISTRATION

**8:00 am. Saturday, June , 2019. Campbell Park, Campbell, CA.**

**Please fill out this form completely.** Make checks payable and send to: LFNC, 2635 N First St #211, San Jose, CA 95134 or fax completed form to: (408) 954-8129. Registering online at LFNC.org is recommended.

**I am a Runner / Walker / Traveling Butterfly.** (MUST circle one - choose "Traveling Butterfly" if you cannot attend in person.). Only runners are timed.

**Early Bird Pricing (ends April 15, 2019):** Runners: \$30. Walkers: \$20. Children under 12: \$10

**Regular Prices:** Runners: \$40. Walkers: \$30. Children under 12: \$15

"Traveling Butterfly" registrants may use 'walker' prices.

Donation: \$\_\_\_\_\_. **Total: \$\_\_\_\_\_.**

Date of birth:\_\_\_\_\_ Sex: \_\_\_\_\_ Age on race day: \_\_\_\_\_ T-shirt size (circle one): S | M | L | XL | XXL | XXXL

Last Name: \_\_\_\_\_ First Name:\_\_\_\_\_

Email:\_\_\_\_\_ Phone: \_\_\_\_\_

Address:\_\_\_\_\_ City, State, Zip:\_\_\_\_\_

Team name (optional): \_\_\_\_\_ Team captain? Y | N

**Payment Information (circle one): Check# \_\_\_\_\_ | Credit Card**

Name on card (if different from registrant):\_\_\_\_\_

Card Number:\_\_\_\_\_

Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

### DISCLAIMER

I understand that I am collecting funds for and walking/running for the Lupus Foundation of Northern California. I hereby affirm that I am in proper physical condition to participate in the 5K Run and Walk for Lupus and in consideration of this entry, agree to assume all risk of injury to myself and all risk of damage or loss of property arising out of my participation in this event. I further agree to release and forever discharge from any and all liability the Lupus Foundation of Northern California, Marc Lund and the Wilcox DGM, West Valley College, and all sponsors, subcontractors and volunteers, which may arise from my participation in the event. In consideration of my entry and my own free will, I for myself, my heirs, executors, administrators and assignees, agree to indemnify and hold harmless all of the aforementioned sponsors and promoters from any and all liability, claims, demands, actions, loss and/or damages arising out of my participation in the 5K Run and Walk for Lupus.

**(Parent or guardian must sign if under 18)**

SIGNATURE:\_\_\_\_\_ DATE: \_\_\_\_\_