



TAKING STRIDES TO
SAVE LIVES

5K
AND WALK OF
REMEMBRANCE
APRIL 19TH CSU OVAL

Taking Strides to Save Lives 5k

Saturday, April 19th at the CSU Oval

7:00 Registration Opens

8:00 Walk of Remembrance

8:15 5k Race Start

9:15 Award Ceremony

Early Registration (Before March 15th)

Student/Youth \$20.00

Adult \$30.00

Family (up to 5) \$70.00

Awards will be given to the Top Overall Female, Top Overall Male, Largest Walk of Remembrance Team, Largest School Team and to the top runner in the following categories: 11 and younger, 12-15, 16-32, 33-64, and over 65.

All proceeds will benefit the Alliance for Suicide Prevention of Larimer County. For more info or to register online visit: www.AllianceforSuicidePrevention.org/taking-strides-to-save-lives

Registration

First Name _____

Last Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Phone Number (____) - ____ - ____ Date of Birth (mm/dd/yy) ____ / ____ / ____

Walking in Memory of Someone? Gather a team together and the largest walking team will receive an Egg Award at the Race.

Team Name _____

Which race will you be participating in (Choose One)?

5k Walk of Remembrance

Sex

Male Female

T-Shirt Size (Choose One)

Small Medium Large X-Large XX-Large

Payment and Waiver →

Payment

Credit Card Check (enclosed) Cash (enclosed)

If paying by credit card:

Name (as it appears on the card) _____

Select Your Credit Card

Visa Discover Mastercard American Express

Card Number _____ - _____ - _____ - _____

Expiration date (mm/yy) ____/____ CVV Code ____

Waiver

I declare and affirm that I am physically fit to participate in the Taking Strides to Save Lives 5k and Walk of Remembrance and have not been advised otherwise by a medical practitioner. The undersigned accepts and understands that the Alliance for Suicide Prevention of Larimer County accepts no responsibility for any injuries caused including death that may arise while participating in the Taking Strides to Save Lives 5k and Walk of Remembrance. The participant on behalf of the participant's heirs and executors waives the right to sue and release all losses and damages that may arise to the participant. I, the participant assume and accept any risk that may be involved in the Taking Strides to Save Lives 5k and Walk of Remembrance.

Signature: _____ Date: ____/____

Name (printed): _____

Mail to:

Alliance for Suicide Prevention of Larimer County
619 S. College Avenue Suite 12
Fort Collins, CO 80525

(970) 482-2209
www.AllianceforSuicidePrevention.org