



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](http://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](http://www.AllianceforSuicidePrevention.org)