

**Official Pledge & Entry Form**  
**Prescription for Health, Walk Roll & Run**  
**September 24, 2017**



**Lumby & District Health Services Society**  
**2135 Norris Avenue, Lumby BC**  
**(250) 547-9741**

NAME - Please Print Clearly	INITIAL	ADDRESS + Postal Code	PHONE Number	Email	\$ Amount	Payment Type

**Participant Information**

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Are you: \_\_\_ 14 & under? \_\_\_ 15 or over?**

**Mailing address:** \_\_\_\_\_

\_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Team Name:** \_\_\_\_\_

**Event - Please choose one:**

\_\_\_ 1 km walk or roll \_\_\_ 3 km walk or run \_\_\_ 8 km run

**Registration Fee**

- \_\_\_ 1 km BY DONATION
- \_\_\_ 14 & Under BY DONATION (all events)
- \_\_\_ 15 & Over (3km & 8 km) **\$20.00**

\* Please make cheques payable to  
**Lumby & District Health Service Society (LDHSS)**

**Go Green!**  
**Register Online:**  
[LumbyHealthCentre.org](http://LumbyHealthCentre.org)

**RELEASE & WAIVER - AWARENESS OF RISK**

In consideration of you accepting my entry, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, waive, release and discharge the Lumby & District Health Services Society, organizing committee, officials, volunteers, sponsors, and the Village of Lumby, and other participants in the walkathon and all their agents, employees, assigns or anyone else acting on their behalf, from and against all claims for death, personal injury, or property damage of any kind whatsoever arising out of the participation of this walkathon. I hereby grant permission to the Lumby & District Health Society and/or its agents to use any photographs, video recordings or any other record of this event and/or of me or my minor child in this event, for any legitimate purpose.

\_\_\_\_\_  
 Participants signature or parent/guardian if under 19 years of age