

**Official Pledge & Entry Form
 Prescription for Health, Walk Roll & Run
 June 24, 2018**



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 |
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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 ___ 5 km run

Registration Fee

- ___ 1 km BY DONATION
- ___ 14 & Under BY DONATION (all events)
- ___ 15 & Over (3km & 5 km) **\$20.00**

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

**Go Green!
 Register Online:
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