Official Pledge & Entry Form Prescription for Health, Walk Roll & Run July 1, 2019



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 _____ 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