

Registration Form

One person per form (Please make copies)

(Please Print)

Last Name: _____

First Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Phone: _____

Team Name: (if applicable): _____

Male Female Age: _____

T-shirt size:

S M L XL 2XL 3XL

No T-shirt: Please put the money toward the Jodi Lou Lung Cancer Fund

Walking Running

Registration Fee: \$20

Please make checks payable & send to:

Sugar River UMC

c/o Jodi Lou Lung Cancer Fund (Put in memo)

130 North Franklin Street

Verona, WI 53593

Waiver: In consideration of my signing of this agreement, I hereby for myself, my heirs and administrators assume any and all risks, which might be associated with the Jodi Lou Lung Cancer Walk/Run event. I waive any and all rights and claims for injuries or damages which I may have against the organizers and sponsors of the event – the Jodi Lou Lung Cancer Walk/Run, their representatives, successors and assigns for any and all injuries or damages of any kind whatsoever suffered by me as a result of taking part in the Run/Walk event and any related activities.

Signature: _____

Everyone must sign this waiver. If you are under 18, a parent or guardian must sign.

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