



**FIRST ANNUAL
LUPUS LIFESAVER 5K RUN/WALK
REGISTRATION FORM**

To benefit the programs of the Lupus Support Network that provides support, assistance and education to lupus patients in our community.

April 24, 2010

7:00 a.m. - 9:00 a.m.

CASINO BEACH - Pensacola, FL

Fill out this form completely, indicating preference for t-shirt or tank top and size. SIGNATURE IS REQUIRED. One form per walker/runner. Only return the bottom portion of this form. For more information about the Lupus Lifesaver 5k Run/Walk, please contact 850-478-8107 or visit our website at www.thelupussupportnetwork.org.

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

___ T-shirt ___ Tank-Top Size: ___ Small ___ Medium ___ Large ___ XL

- ___ Yes! I plan on participating as a walker. I have enclosed a ___ check ___ money order ___ credit card.
- ___ Yes! I plan on participating as a runner. I have enclosed a ___ check ___ money order ___ credit card.
- ___ I am unable to walk, but have enclosed a donation of \$_____ to support the efforts of the Lupus Support Network.
- ___ I would like more information to volunteer for the Lupus Support Network.
- ___ I would like more information on Lupus sent to me.

Mail completed forms and \$20 registration fee to:

The Lupus Support Network
P.O. Box 17841
Pensacola, Florida 32522

Or register with your credit card online at anna@thelupussupportnetwork.org

Card No.: _____ Exp. Date: _____
Signature: _____
Visa _____ Mastercard _____

Walker or Guardian Signature (Required)

I have full knowledge of the risks involved with, and understand that I could be injured during the Lupus Lifeguard 5k Walk/Run. I agree to assume all risks of such injury. I conditionally release and discharge the Lupus Support Network and all other persons and entities involved with this event from any and all claims, damages, and expenses that may arise directly or indirectly from my participation in this event. I understand that neither the Lupus Support Network nor any of the other sponsors, individuals, or groups involved in the coordination of this events makes any representations or warranties about the fitness or condition of the public parks, streets, or trails that will be used for this event and I agree that none of those parties is responsible for the maintenance or condition of those parks, streets, or trails, or for the public safety thereon. I hereby certify that I am in good physical condition and that I am able to participate in this event without harm to myself or others. People with a known physical condition or injury should consult a physician before participating in this event. I agree to permit the use of my name and/or likeness in any record or communication relating to the Lupus Lifeguard 5k Run/Walk for any legitimate purpose, without compensation or remuneration.

Signature of Walker/Runner: _____

(Parent/Guardian if under 18 years of age)