REGISTRATION

Name: _____
FIRST MI LAST

Mailing Address: _____

_____

Phone: _____
Email Address: _____
Name of School (if applicable): _____
Gender : M F Adult Shirt Size: S M L XL
Age on Race Date: _____ Birthday: ____/____/____
5K Run ____ $20 before 3/24 ___ $25 after 3/24
I would like to make an additional $_____donation to support the efforts of Lillie's Friends Foundation
Total Amount Enclosed: $_____
Make check or money order payable to:
Lillie's Friends Foundation. Send check and
registration form to:
Lillie's Friends Foundation
125 Hillstone Court Winston Salem, NC 27106

Waiver: In consideration of your accepting my/my child's registration in the "Got Friends?" 5K, I hereby, for myself, my child, my heirs, executors and personal representative, waive and release any and all rights and claims for damages I or my child may have against the sponsors, organizers, and race day volunteers of said race, their representatives, successors, and assigns for any and all damages or injuries incurred due to my/my child's participation in said race. I grant full
permission to sponsors and organizers of said race to use my/my child's name, or photographs, videotapes, and other recordings of participation in this event, without obligation or liability to me and my child.
Signature: _____ Date: _____

Lillie's Friends
working together for good
Romans 8:28