

2012 Lillie's Friends "Got Friends?" 5K

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 Youth Shirt Size: M L

Age on Race Date: _____ Birthday: ____/____/____

5K Run ____ \$25 before 3/17 ____ \$30 after 3/17 ____ \$35 same day

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: _____

