

Last Mile Ride 5K Run/1-Mile Walk registration



Yes! I want to run/walk for end-of-life care.

YOUR INFORMATION

I am participating in: 5K Run Male Age _____
 1-Mile/2.5-Mile Walk Female T-shirt Size _____

Name: _____

Phone number: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Club name (if any): _____

I'm running/walking in memory of (optional): _____

PAYMENT OPTIONS

Check enclosed Credit Card I am collecting donations
Make check payable to: Gifford's Last Mile Ride ... and will turn them in at registration

Amount enclosed: \$ _____ (minimum \$25, but you are encouraged to fund-raise more)

Credit card #: _____ Visa Mastercard

Expiration date: _____ Amount to charge: _____

WAIVER

Release of liability: *The undersigned releases Gifford Medical Center, its employees and Last Mile Ride volunteers, sponsors, vendors, entertainers and any others associated with this event from liability for any damage, injury or even death the undersigned may incur or cause while participating in this event. The undersigned is experienced in and familiar with road running and walking and fully understands the risks and dangers inherent in running/walking and agrees to assume responsibility for any resulting harm. This release applies to the undersigned, his or her heirs and other personal representatives, and is an agreement not to sue or file an insurance claim against Last Mile Ride organizers and volunteers. Consent is also given to Gifford Medical Center to use the undersigned's name, image or words in future promotional materials.*

Waiver signature: _____ Date: _____

Return this form to: Last Mile Ride, Gifford Medical Center, 44 South Main Street, Randolph, VT 05060

OFFICIAL USE ONLY

Date received: _____ Cash _____ Check # _____ T-shirt voucher _____

