## **Last Mile Runner/Walker registration**

l am participating in: ☐ 5K Run ☐ 1-Mile/2.5-MileWalk

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

#### **RUNNER/WALKER INFORMATION**

Mile Runner/Walker regis	stration		
ant to run/walk for end-of-life care.			Mile !
ER/WALKER INFORMATION		Last	Mile 3/20 years
rticipating in: 5K Run 1-Mile/2.5-N	MileWalk		
Female Male Register before Jul	ly 1, 2025, for a	a free T-Shirt: T-Shi	irt Size
umber:			
:			
me (if any):			
ning/walking in memory of (optional):			
ENT OPTIONS			
ek enclosed	Card	I am collect	ting donations  n them in at registration
enclosed: \$ (min	aimum \$25, but	you are encouraged	to fund-raise more)
ard #:			
on date:CVV Code:	Amo	unt to charge:	
R			
of liability: The undersigned releases Gifford Medicentertainers and any others associated with this eversigned may incur or cause while participating in the running and walking and fully understands the risk esponsibility for any resulting harm. This release apatives, and is an agreement not to sue or file an insu	ent from liability j is event. The und ks and dangers in oplies to the unde	for any damage, injury lersigned is experience nherent in running/wal rrsigned, his or her hei	y or even death ed in and familiar lking and agrees to irs and other personal

Name:			
Phone number:			
			Zip:
E-mail:			
I'm running/walking in men	nory of (optional):		
PAYMENT OPTIONS			
Check enclosed  Make check payable to: Giffo	Credit C	ard	I am collecting donations and will turn them in at registration
Amount enclosed: \$	(minim	um \$25, but you	are encouraged to fund-raise more)
Credit card #:		_ Uisa _	Mastercard
Expiration date:	CVV Code:	Amount	to charge:
WAIVER			
vendors, entertainers and any of the undersigned may incur or of with road running and walking assume responsibility for any r representatives, and is an agree	others associated with this event cause while participating in this of and fully understands the risks of esulting harm. This release appli ement not to sue or file an insura	from liability for a event. The undersi and dangers inher ies to the undersig nce claim against	vees and Last Mile volunteers, sponsors, any damage, injury or even death gned is experienced in and familiar ent in running/walking and agrees to ned, his or her heirs and other personal Last Mile organizers and volunteers. nage or words in future promotional
Waiver signature:			Date:
Return this form to: Last	Mile Ride, Gifford Medical Ce	enter, 44 South	Main Street, Randolph, VT 05060
	OFFICIAL USE	ONLY	
Date received:	Cash Cl	neck #	T-shirt voucher

#### **PLEDGE FORM**

Runner/walker name:				
I am running/walking in me	emory of:			_ (optional)
I will be participating in the end-of-life care at Gifford I	e <b>Last Mile Ride run/walk</b> to ben Medical Center.	efit palliative and		Mile.
You can help this worthwhi	ile cause. Please consider sponsori	ng me with a pledge.	Last,	rating 20 years
Make checks payable to	Gifford's Last Mile Ride.			
Name	Address	Amount	Collected	Tax Receipt
				П

## Thank you!

Please check the Tax Receipt box if someone above has requested a receipt for tax deduction purposes. Complete addresses need to be printed for tax receipts.

# **Last Mile Ride Cyclist registration**

Yes! I want to ride for end-of-life care.

#### **CYCLIST INFORMATION**



I am participating in: Roa	ad Route	Gravel Route		
Name:				
Phone number:				
Address:				
City:				
E-mail:				
Team name (if any):				
Register before July 1, 2025, fo				
I'm riding in memory of (optional	):			
PAYMENT OPTIONS				
Check enclosed  Make check payable to: Gifford's I	Last Mile	Credit Card	[	I am collecting donations and will turn them in at registration
Amount enclosed: \$		(minimum \$25	5, but you d	are encouraged to fund-raise more)
Credit card #:			Visa 🔲 N	Mastercard
Expiration date:	CVV (	Code: Amou	ınt to charg	e:
WAIVER				
vendors, entertainers and any other undersigned may incur or cause wh operation of bicycles and fully unde for any resulting harm. This release	s associate ile particip erstands the applies to insurance	d with this event from lia ating in this event. The u risks and dangers inher the undersigned, his or l claim against Last Mile	ability for an andersigned cent in cyclin her heirs an organizers	is experienced in and familiar in the ag, and agrees to assume responsibility d other personal representatives, and and volunteers. Consent is also given
Waiver signature:				Date:
Return this form to: Last Mile	Ride, Giff	ford Medical Center, 4	l4 South M	lain Street, Randolph, VT 05060
		OFFICIAL USE ONLY		
Date received:	Cash	Check # _		T-shirt voucher

#### **PLEDGE FORM**

Cyclist name:				
I am riding in memory of	of:		(optional	)
I will be participating in end-of-life care at Giffor	the <b>Last Mile Ride</b> to benefit palliand Medical Center.	ative and		Mile
You can help this worth	while cause. Please consider sponsor	ring me with a pledge.	Last,	rating 20 years
Make checks payable	e to Gifford's Last Mile			
Name	Address	Amount	Collected	Tax Receipt

## Thank you!

Please check the Tax Receipt box if someone above has requested a receipt for tax deduction purposes. Complete addresses need to be printed for tax receipts.

## **Last Mile Ride Motorcycle registration**

Yes! I want to ride for end-of-life care.

RIDER INFORMATION		Celebrating 20 years
Name:		
Phone number:		
Address:		
City:		
E-mail:		
Club/Team name (if any):		
Register before July 1, 2025, for a free T	-Shirt: T-Shirt Size Driver:_	Passenger:
I'm riding in memory of (optional):		
PAYMENT OPTIONS		
Check enclosed  Make check payable to: Gifford's Last Mile Ri	Credit Card	I am collecting donations and will turn them in at registration
Amount enclosed: \$	(minimum \$50 per p	person or \$75 for driver & passenger)
Credit card #:	Visa	Mastercard
Expiration date:CVV	Code: Amou	unt to charge:
WAIVER		
Release of liability: The undersigned release sponsors, vendors, entertainers and any others death the undersigned may incur or cause white familiar in the operation of motorcycles and for agrees to assume responsibility for any resulting other personal representatives, and is an agree and volunteers. Consent is also given to Giffor promotional materials.	s associated with this event from ile participating in this event. Th fully understands the risks and do ing harm. This release applies to ement not to sue or file an insur-	n liability for any damage, injury or even the undersigned is experienced in and angers inherent in motorcycling, and the undersigned, his or her heirs and ance claim against Last Mile organizers
Rider signature:		
Passenger signature:		Date:
Return this form to: Last Mile Ride, Gif	ford Medical Center, 44 Sou	uth Main Street, Randolph, VT 05060
	OFFICIAL USE ONLY	

T-shirt voucher

#### **PLEDGE FORM**

Rider name:				_
I am riding in memory of	£:		_ (optional	")
I will be participating in end-of-life care at Gifford	the <b>Last Mile Ride</b> to benefit pallia d Medical Center.	tive and	Past	Mile 3
You can help this worthw	while cause. Please consider sponsor	ring me with a pledge.	Celeb	rating 20 years
Make checks payable	to Gifford's Last Mile			
Name	Address	Amount	Collected	Tax Receipt

## Thank you!

Please check the Tax Receipt box if someone above has requested a receipt for tax deduction purposes. Complete addresses need to be printed for tax receipts.