LYME RESEARCH ALLIANCE
COMMITTED TO A CURE

RACE AGAINST LYME 5K WALK/RUN
SUNDAY APRIL 27, 2014 -10AM
COVE ISLAND PARK, STAMFORD, CT

PARTICIPANT PRE- REGISTRATION FORM

I would like to pre-register as:

☐ Individual: $20

☐ Family: $75 (Please fill out one form for each family member, but include one check/credit card)

☐ Sorry, I am unable to attend, but would like to make a contribution of $_____

First Name: _____Last Name: _____

Billing Address: _____

City: _____State: _____Zip: _____

Email _____
(*for confirmation—we do not share or sell our list*)

Sex: M or F *(circle one)* Age: _____ *(as of 4/27/14)* T-shirt Size: YS M L XL XXL *(circle one)*

Company/Organization: _____

Team name if applicable: _____

My fundraising goal: $_____

Payment Method

_____ I have enclosed a check for my registration fee/donation
(Make checks payable to Lyme Research Alliance)

_____Credit Card # ☐ Visa ☐ Mastercard ☐ Amex _____

Expiration Date: _____Security Code: _____

Name (*as it appears on card*): _____

WAIVER: I know that running, walking and/or biking a road race is a potentially hazardous activity. I should not enter and run, walk or bike unless I am medically able and properly trained. I agree to abide by any decision of an event official relative to my ability to safely complete the course. I assume all risks associated with running, walking and biking in this event, including, but not limited to: falls, contact with other participants, the effects of the weather, including low temperatures and/or wind chill, traffic and conditions of the road. All such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of this entry, I hereby for myself, heirs, executors and administrators waive any and all claims I may have for damages against Lyme Research Alliance, the State of Connecticut, City of Stamford, and all sponsors and individuals associated with the event, their representative and successors, and assignees for any and all injuries suffered by me in connection with this event, including pre- and post-race activities. I hereby grant permission to Lyme Research Alliance and its authorized agents to use my name and photographs, videotapes, motion pictures, recording or any other record of my participation in this event for any purpose. There will be a $20 fee for all returned checks. Sorry no refunds.

Signature: _____Date: _____