



5TH ANNUAL WALK A MILE LEBANON

MAY 19, 2017

PRE-REGISTRATION FORM

Registration: 5:30 p.m. LV Chamber Lot: 6th & Cumberland Sts.

Opening Ceremonies: 6:00 p.m. ~ Walk begins at 6:15 p.m.

TEAMS: Please fill out a Registration Form for each Walker

Walker/Gardian name: _____

Children's name: 1.) _____ 2.) _____ 3.) _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

E-mail: _____ **Phone:** _____

Walk A Mile Waiver

In consideration of my entry in the Walk A Mile Lebanon, I, for myself, my heirs, my executors, administrators, & assigns, waive & release any & all rights of & from any & all known or unknown past, present or future claims for damages, losses, demands, actions, causes of action, lawsuits, & obligations of any nature whatsoever I have or may hereafter have against the Sexual Assault Resource & Counseling Center, organizers of this event, its principals, employees, all sponsors, and their representatives as a result of my participation in the Walk A Mile Lebanon event, including, but not limited to, travel to & from the event. I attest & verify that I am physically fit & have sufficiently trained for completion of this event & I have not been advised otherwise by a qualified medical doctor or physician assistant. Further, I hereby grant full permission to any and all of the foregoing to use my name & likeness in any broadcast, telecast, video or print media of the event without compensation.

Participant signature _____ **Date** _____

All entrants (parent/guardian if under 18) must sign.

MAKE CHECKS PAYABLE TO: SARCC * P.O. Box 836 * Lebanon, PA 17042

\$ _____ **\$15.00 Pre-Registration Men/Women (\$20 Day of Event)**

\$ _____ **\$10.00 Children/Teens (Ages 9-18) (8yrs & under free)**

\$ _____ **\$10.00 Shoe Rental – SHOES MUST BE RETURNED.**

\$ _____ **Pledges/Donations**

Free T-shirt if pre-registered by April 21st
Size: 2XL ____ LG ____ MD ____ SM ____

TEAM NAME _____

Following information to be filled in by WAM staff:

<p>Total CASH collected: \$ _____</p> <p>Total CHECK (s) collected: \$ _____</p> <p>GRAND TOTAL: \$ _____</p>
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SARCC's 5th Annual Walk a Mile Lebanon 2017

May 19, 2017

2017 Pledge Form

Walker: _____ Team: _____

Name	Address	Email	Check \$	Cash \$
Total Pledges			Cash \$	Check \$

***Please make checks payable to: SARCC.
Also, if you would like a receipt for your donation, please make note.***