

Family Registration

St. Vincent de Paul 5km Walk/Run Feb 23, 2019

FAMILY INFORMATION:

Last Name: _____ First Name: _____ Tee Size _____

Gender: M ___ F ___ Age _____ Date of Birth: _____

Email Address _____ Phone _____

Last	First	M/F	DOB	Tee Size

T-Shirt Sizes Adult: S M L XL XXL Youth: YS YM YT

Family Price \$100 -- Includes 2 Adults and up to 5 children ages 5 to 12

Payment Options

Cash _____ Check # _____ Make checks payable to **St. Vincent de Paul Run/Walk** and remit to:
SVDP 2018 Run Walk, 2825 W Rose Canyon Circle, Bldg. B, Anthem, AZ 85086

Credit or Debit card can be used after Sunday morning masses or by calling Ley Borlo @ 623-328-9431.

Office use: Date Paid: _____ Payment Received by SVDP: _____

In submitting this entry, I, intending to be legally bound for myself, my family members listed above, my heirs, executors, and administrators waive, release and forever discharge any and all rights and claims for damages I have or may have against the organizers of this event, its principals, its employees, its volunteers, all sponsors and their representatives for any and all claims and damages, demands actions whatsoever in any manner, as a result of my participation in Friends of the Poor 5km Run/Walk, including travel to and from the event. I hereby consent to medical treatment in the event of injury, accident and/or illness during the event. I hereby grant full permission to any and all of the foregoing to use my name and likeness in any broadcast, telecast, video or print media reporting or advertising of the event without compensation. If you are under 18, a parent or legal guardian must sign this form.

PRINT NAME: _____ DATE: _____

SIGNATURE (Guardian to sign if under 18) _____