

September 11, 2010

9A.M.

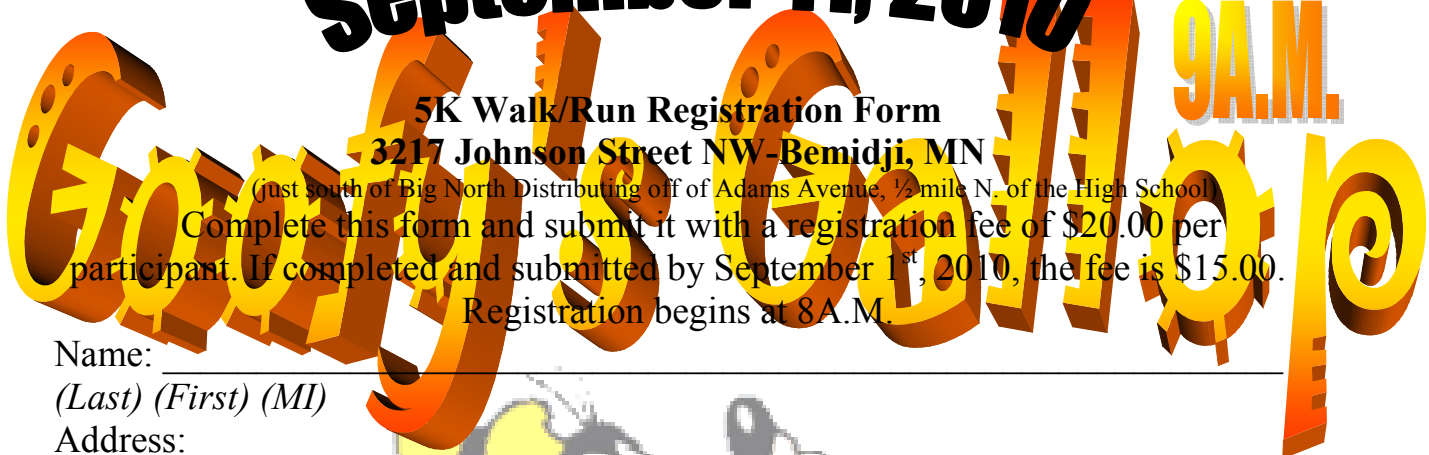
5K Walk/Run Registration Form

3217 Johnson Street NW-Bemidji, MN

(just south of Big North Distributing off of Adams Avenue, 1/2 mile N. of the High School)

Complete this form and submit it with a registration fee of \$20.00 per participant. If completed and submitted by September 1st, 2010, the fee is \$15.00.

Registration begins at 8A.M.



Name: _____
 (Last) (First) (MI)
 Address: _____
 (Street) (Apt #)
 City: _____ State: _____ Zip: _____
 Phone: _____ Birth Date: _____ Gender: _____
 Age: _____ Race: (Circle one) Walk Run Shirt size: _____

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of Lighthouse Lodge Inc., and all affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with walking and running in consideration for Lighthouse Lodge Inc. accepting the registrant for its 5K event and activities (the Program), I hereby release, discharge and/or otherwise indemnify Lighthouse Lodge Inc., its affiliated organizations and sponsors, their employees and associated personnel, including the owners and facilities utilized for the event and activities against any claim by or on behalf of the registrant as a result of the registrant's participation in the event and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Legal Guardian Name (print): _____
 Parent/Legal Guardian Signature: _____
 Date: _____

I, the participant agree that I will abide by the rules of Lighthouse Lodge Inc., and all affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with walking and running in consideration for Lighthouse Lodge Inc. accepting myself for its 5K event and activities (the Program), I hereby release, discharge and/or otherwise indemnify Lighthouse Lodge Inc., its affiliated organizations and sponsors, their employees, volunteers and associated personnel, including the owners and facilities utilized for the event and activities against any claim by or on behalf of myself, the participant as a result of my participation in the event and/or being transported to or from the same, which transportation I hereby authorize.

Participant Name (print): _____
 Participant Signature: _____
 Date: _____

Send Check/Registration Form (payable to Lighthouse Lodge Inc.) to: 3217 Johnson Street NW, Bemidji, MN 56601

ALL proceeds from this event will give adults with developmental disabilities the opportunity to go to Disney World.

Forward all questions to the Event Coordinator: Janel Samuelson 218-368-2777 or email at janel.lighthouselodge@gmail.com

Office Use: Fee: _____ Cash: _____ Check #: _____
