

DANI'S DREAMS MEMORIAL WALK/RUN 2010

Registration Form

Return this form by the pre-registration date to: Zion Lutheran School
6513 W. 300 S New Palestine, IN 46163

Name _____

Address _____

Phone and/or e-mail _____

Shirt Size (circle one): Adult S M L XL XXL

Child S M L XL

5 K run/walk ____ Individual _____ Family (No. participating - 2 T-shirts included)

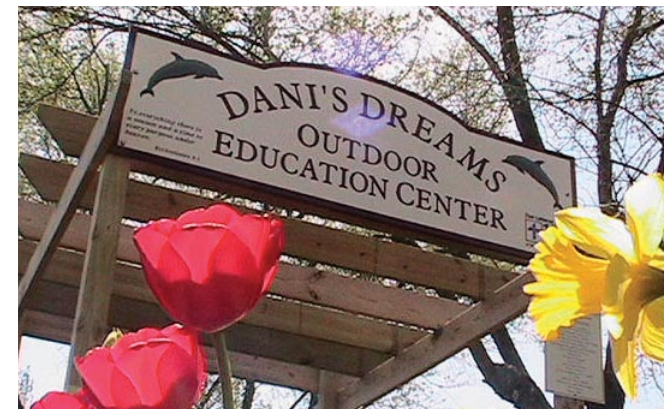
1 mile run/walk ____ Individual _____ Family (No. participating - 2 T-shirts included)

WAIVER: (Read carefully and sign): In consideration of my entry, I hereby for myself, my heirs and personal representatives assume any and all risks which might be associated with the event. I further waive, release, discharge and covenant not to sue the Dani's Dreams Memorial Walk/Run Committee, Zion Lutheran School or New Palestine High School, its officers, employees, sponsors, organizers, volunteers, or other representatives, or their successors and assigns, for any and all injuries or damages of any kind whatsoever suffered as a result of taking part in the event and any related activities. I also agree to the use of any photo, film, or videotape of the event for any purpose.

_____/____/_____
Signature Date

If under 18 years of age, parent/guardian signature required

_____/____/_____
Signature Date



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