Walk to End Lupus Now™, Indianapolis

October 12, 2019

Military Park/Canal Walk, Indianapolis, IN

Registration - 12:30 pm / Walk Start - 2:00 pm

We encourage online registration at www.lupusindiana.org, but if you are unable to do so, please return this form and fees to your Team Captain or mail to the address below. We are grateful for your support!

First Name: _____ Last Name: _____

Address: _____

City/State/Zip: _____

Company or Organization Name (*If applicable*): _____

Team Name (*If applicable*):_____

Phone Number: _____ E-mail Address: _____

Date of Birth (*mm/dd/yyyy*): _____ Male/Female (*circle one*)

Registration type: ☐ adult walker ☐ trailblazer to end lupus ☐ child 13 & under (free – shirt not included)
Shirt size: ☐adult small ☐ adult medium ☐ adult large ☐ adult XL ☐ adult 2-XL ☐ adult 3-XL

How did you hear about the Walk?

- ▫ Postcard/Brochure
- ▫ Doctors office
- ▫ Media (newspaper/radio/tv)
- ▫ LFA web site/e-mail/e-news
- ▫ Friend/Family
- ▫ Other

What is your connection to lupus?

- ▫ I am a lupus patient.
- ▫ A family member has lupus.
- ▫ A friend/co-worker has lupus.
- ▫ I am a medical professional.
- ▫ Other

Participant Waiver and Permission (*required*):

I and for my minor child (if any) agree (1) we are participating voluntarily in, and could become ill or injured due to physical activity associated with this event, and (2) for the privilege of participation, to release and forever discharge the Lupus Foundation of America (LFA), its Chapters, and their respective officers, employees and agents (together "LFA Parties") from any and all claims and liabilities whatsoever that I or my minor child might sustain from participation; indemnify and hold harmless LFA Parties from all cost, expense and liability arising out of participation; waive all claims for damage for loss to my or my child's person or property which may be caused by an act or omission of LFA Parties arising directly or indirectly from participation; assume all liability for any injury, loss of life, or loss or damage to personal property from participation caused by me or my minor child, and grant irrevocable full permission to LFA or its Chapters to use my or my child's name/likeness in all media, including photos, videos, film, website, or other event records where I/we may appear. *Please note there will be $20 fee for all returned checks. Sorry, no refunds.*

_____

Signature of Participant (Parent/Guardian if under 18 years of age)

Please mail completed form and fees to: Lupus Foundation of America, IN Chapter, Attn: *Walk to End Lupus Now* Registration 9302 N. Meridian Street, Suite 203 Indianapolis, IN 46260 **Questions?** Call 800.948.8806 or email Lisa@lupusindiana.org.