



The LYME Walk & Run
5k Run/Walk & 1 Mile Walk
Fun Run for kids
Sunday, April 24, 2016 – Rain or Shine
Cove Island Park – Stamford, CT

I would like to register as:

- Individual: \$25
- Family: \$85 (Please fill out one form for each family member, but include one check/credit card)
- 5K Run 5K Walk 1Mile Walk
- I am unable to attend, but would like to make a contribution of \$ _____

First Name: _____ Last Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

(for confirmation – we do not share or sell our list)

Sex: **M** or **F** Age: _____ T-Shirt Size: **YL M L XL XXL**
(circle one) *(as of 4/24/2016)* *(circle one)*

Company/Organization: _____

My fundraising goal: \$ _____ Team Name if applicable: _____

Payment Method

_____ Check for my registration fee/donation *(make checks payable to Global Lyme Alliance)*

Credit Card # VISA MASTERCARD AMEX _____

Expiration Date: _____ Security Code: _____

Name (as it appears on card): _____

WAIVER: I know that running, walking and/or biking a road race is a potentially hazardous activity. I should not enter and run, walk or bike unless I am medically able and properly trained. I agree to abide by any decision of an event official relative to my ability to safely complete the course. I assume all risks associated with running, walking and biking in this event, including, but not limited to falls, contact with other participants, the effects of weather, including low temperatures and/or wind chill, traffic and conditions of the road. All such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of this entry, I hereby for myself, heirs, executors and administrators waive any and all claims I may have for damages against Global Lyme Alliance, the State of Connecticut, City of Stamford, and all sponsors and individuals associated with the event, their representative and successors, and assignees for any and all injuries suffered by me in connection with this event, including pre and post-race activities. I hereby grant permission to Global Lyme Alliance and its authorized agents to use my name and photographs, videotapes, motion pictures, recording or any other record of my participation in this event for any purpose. There will be a \$20 fee for all returned checks. Sorry no refunds.

Signature: _____ Date: _____

Please submit your form by mail or fax to:

GLA
222 Railroad Avenue
Stamford, CT 06830

Fax: (203) 989-3875 | Email: Events@globallymealliance.org