Remembering Lauren 5K Run/Walk – Children's Run
June 20, 2009

OFFICIAL ENTRY FORM
www.rememberlaur.com

Races start at 10:00 a.m. on the Softball field
Check-in at the Fleet Feet tent

(Please Print)

_____
Last Name First Name

_____
Street Address/Apartment Number

_____
City State Zip Code

_____ **F M**
Age Sex

Registration: Free

Donation: $_____

Make checks payable to "The Lauren Kiefer Memorial Foundation Inc."

Waiver

The undersigned parent or legal guardian of the above named participant on behalf of him/herself and the above named participant's personal representatives, assigns, heirs, executors, hereby fully and forever releases, waives, discharges and covenants not to sue Willowbrook High School, the committee in charge of this race, all agencies whose property and/or personnel are used, and all other sponsoring or co-sponsoring companies. The parent or legal guardian of the participant represents and warrants that the above named participant is in good physical condition and is able to safely participate in the event. Further, the parent or legal guardian has read the above and voluntary signs this waiver of liability agreement.

X_____ _____
Guardian's signature required Date