



Lions of Illinois Annual Walk for Sight

“We Walk...to Light the Way”

Every Participant must fill out this form

Please Print

Name: _____

Address: _____

Phone: _____

Lions Club Name: _____

Organization Name: _____

Registration Fee: _____
\$20 per participant unless you have
\$100 (or more) in donations listed below.

I am walking/running as (select only one): Each person on a team must fill out a form!

An individual _____ Lion Club Team - name: _____

Family Team- family name: _____ Organization Team - name: _____

I, the undersigned for myself, my heirs, executors, administrators and assigns, do hereby release, and discharge the Lions of Illinois Foundation, and any or all event sponsors, from any and all claims, demand actions and/or causes of action of any kind for any injuries or damage sustained by me arising out of my participation in this event including pre and post activities. Attest and verify that I am sufficiently physically fit to participate in this event and that I have no condition that prevents me from safely participating herein. I understand that the Lions of Illinois Foundation, the event sponsors, and/or news organizations may photograph and videotape images containing my likeness which will be the sole property of the photographer and the Lions of Illinois Foundation. I here-by authorize the Lions of Illinois Foundation, the events sponsors, and/or news organizations covering this event to use or publish said images containing my likeness in the news accounts, for publicity, in promotional material, and for any other lawful purpose.

*** All walker's/runner's signatures (if under 18, parent signature is required)**

Signature _____
