



Spirit of Spring Registration Form

Please visit: Spiritofspring.com

A Fundraiser for the Leukemia Lymphoma Society
Curing Blood Cancers

Event: Spirit of Spring 2020

When: March 22, 2020 at 3:00 PM (arrive by 2:00 PM)

Where: Wingate University s Laverne Dinning Hall

Parking Lot

Race Category - Please select one.

Registration Fee

\$30.00

5K Run

1 Mile Walk

*You may register on the day of event: 1:30 – 2:30

Name: _____

Address: _____

Phone (home): _____

(cell): _____

Please Make Checks Payable to:

The Leukemia & Lymphoma Society

Mail to: Marilyn Hartness

P.O. Box 1457

Monroe, NC 28111

Gender: _____ Age: _____

FREE T - SHIRT with Registration

T - Shirt Size: S M L XL

Awards will be given

Amount Enclosed: _____

Signature: _____

Date: _____

Please Sign Waiver on Back

WAIVER: I am aware that running a road race is a potentially hazardous activity and that I should not enter unless I am medically able and properly trained. I assume all risks associated with running or walking in this event. Having read this waiver and knowing these facts and in consideration of your accepting my entry fee, I, for myself, and anyone entitled to act on my behalf, waive and release the Spirit of Spring 2020 Event to include all members of the planning committee, the Leukemia & Lymphoma Society, Wingate University, its officers, agents, servants, or employees organization, all sponsors, and their representatives and successors, (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, or while in, on or upon all the premises where the activity is being conducted. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise. I understand that the RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this event or any activity associated with or facilitating that participation. As such, I am aware that I should review my personal insurance portfolio.

Signature (Parent's Signature If under 18)

Date

