

## 2019 REGISTRATION FORM

| NAME:   | PHONE:   |   |   |
|---|--|---|---|
| ADDRESS:  |  |   |   |
| CITY:   | STATE:   | ZIP:  |   |
| EMERGENCY CONTACT:  | EMERGENCY CONTACT PHONE:   |   |   |
| DATE OF BIRTH:  | RACE DAY AGE:  |   | GENDER: M / F (circle)  |
|   | SHIRT Step to the <i>St. Lucie West Lions</i> donations are tax deductible   | Men's S   | M L XL XXL  |
| Registrations received Registrations received Registrations received Registrations received   | ration Deadlines and Costs:<br>d on or before September 30, 2<br>ed on or before October 31, 20<br>on or before November 30, 20<br>ved after November 30, 2018:  | 018: \$35.00<br>018: \$40.00 **<br>\$45.00 **   |   |
| AMOUNT EN  ** Registrations received after Noveml   | NCLOSED:   | teed a roce shirt   | or other swee   |
| Disclaimer: The risk of injury from the activities involved in this pr skills, equipment and personal discipline may reduce this risk, the risk known and unknown, even if arising from the negligence of the relectovenant not to sue and further agree to indemnify, defend and hold have Lions Club, the Fort Pierce Lions Club, their members, directors, or as of Fort Pierce; sponsors, advertisers and each of their respective par employees and volunteers (otherwise known as "Released Parties"), wany way to my participation in the event, including claims for liability respect to the provision of information regarding rules and schedul expense of setting up the event. There are no refunds after your registrand RELEASES OF LIABILITY DOCUMENTS ASSOCIATED VIERMS SET FORTH AND HAVE GIVEN UP SUBSTANT | rogram is significant, including the potential is of serious injury does exist, and I KNOWI ased parties or others and assume full respon harmless all parties associated with the event ssociated corporate entities and officers; St. rent, subsidiary and affiliate companies, officivith respect to any claims or causes of action y caused in whole or in part by the negligent ling. The Lions Fort Pierce Half Marathon & ration is processed. I HAVE READ AND AUTH THIS EVENT. BY SIGNING BELO | for permanent paralysis NGLY and FREELY AS sibility for my participat t including: Lions Clubs Lucie County, the St. Lucers, directors, partners, s., damages, losses or expacts or omissions of the 2 5K Race maintains a N GREE TO ALL OF THE DW, I ACKNOWLEDGE | and death, and while particular SSUME ALL SUCH RISK, both ion. I hereby release, waive and International, the St. Lucie West cie County Commission, the City shareholders, members, agents, enses that result from or relate in Released Parties, including with O REFUND policy due to the ABOVE AND ALL WAIVERS THAT I UNDERSTAND THE |
| BY:PRI  | NT NAME:   |   | DATE:   |

Please mail checks c/o Messer & Messer, 1555 NW St. Lucie West Blvd, Suite 202, Port St. Lucie, FL 34986

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