

# Connie Prekeges 5k Memorial Walk Mail in Sign Up Form

NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL: \_\_\_\_\_

GENDER: Male Female (circle one) AGE \_\_\_\_\_

T SHIRT SIZE: (circle one) Size: S M L XL XXL

## ENTRY FEES & DONATIONS

**Entry Fee - \$25.00 Per Person – Includes T-Shirt**

**Additional Donation (optional) \$ \_\_\_\_\_**

**Total Amount submitted \$ \_\_\_\_\_, Check # \_\_\_\_\_**

**City you're walking in: \_\_\_\_\_**

Please read the following statement and sign below before submitting your entry.

In consideration of the acceptance of my entry, I do hereby acknowledge that I assume all risks resulting there from, and I do hereby, for myself, my heirs, my executors and/or administrators, waive, release, and forever discharge any and all sponsors and organizers, their officers, agents and assigns, the race director and volunteers from any and all liability arising from illness, injuries, or damages I may suffer as a result of my participation in the Connie Prekeges memorial "just Go Take A walk" I understand that traffic control on the course will be limited and that I must watch for vehicles at intersections and on the roadway. **THIS ENTRY IS NON-TRANSFERABLE AND NONREFUNDABLE.**

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(For Minor)

**Make checks payable to: Connie Prekeges Foundation**

**Mail checks to:  
Connie Prekeges Foundation  
PO Box 324  
Kirkland, WA 98083**