

TSL 5K DIABETES WALK REGISTRATION FORM

A separate registration form is required for each participant.

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ EMAIL: _____

E-Mail: _____

I AM: an adult a child (under 18)

TEAM NAME: _____ TEAM CAPTAIN: _____

I will be participating as:

Individual Walker

Walker on a Team

Team Captain

Virtual Walker – **Virtual Walker – Raise funds from anywhere**

Raise \$100 by Aug. 18, 2021 - We will mail you a TSL T-Shirt & wrist band to wear on walk day

Please send me _____ additional registration packets.

I am a...

Person with Diabetes

Health Care Professional

Family Member of Diabetes Patient Friend/Supporter of Diabetes Patient

Student/Service Learning Participant

T-Shirt Size: Adult S Adult M Adult L Adult XL

Adult 2X Adult 3X Adult 4X Adult 5X

Each participant must sign:

Signature: _____

Parent or guardian (if walker is under 18): _____

BY SIGNING, you are agreeing to the following:

Waiver of Release and Liability: I hereby waive all claims against Tyler Scott Lancaster Foundation., sponsors, or any personnel for any injury that I might suffer in the event. I attest that I am physically fit and prepared for this event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event.

Media Waiver & Release: I consent to being photographed, interviewed and/or videotaped by representatives of Tyler Scott Lancaster Foundation, and media outlets (newspaper, T.V. & radio stations, etc.). Any information or images obtained from those activities may be reproduced by TSL Foundation and/or the public media for use in advertising, publicity or educational activities, including but not limited to Web sites, publications, videos, print and television news. I hereby waive any claims I may have, and release TSL Foundation, and its representatives from liability of claims arising out of such activities.