



TEAM LUNG FORCE REGISTRATION FORM

January 15, 2017– **Rock'n'Roll Arizona**

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Email: _____

Birth Date _____/_____/_____

Race Day Shirt Size (unisex sizes): ___ Small ___ Medium ___ Large ___ XL ___ 2XL

Fundraising Goal: \$_____ (minimum of \$500)

Registration Type:

_____ Full marathon

_____ Half marathon

_____ 10K

Program Policy

I understand to that to participate in this event as a Team LUNG FORCE member, I need to raise a minimum of \$500 by January 10, 2017.

Liability Waiver

In consideration of being allowed to participate and train for this event on **Sunday, January 15, 2017**, I hereby expressly assume all risks, including bodily and personal injury, death, property loss or other damages of any kind arising in any way out of my participation as part of Team Lung Force, the Rock n Roll Arizona event and related activities.

I hereby for myself, my heirs, executors and administrators, release, discharge and agree not to sue the American Lung Association, its chapters, their respective officers, directors, volunteers, employees, sponsors and agents, from any and all liability, claims, demands and causes of action whatsoever, arising out of my participation in and training for this event and related activities whether resulting from the negligence of any of the above or from any other cause.

I further state that I am in proper physical condition for training and the event day, realizing the special risks of a running event and am physically fit and prepared for training for the event. I grant full permission for organizers to use photographs of me, and quotations from me, in legitimate accounts and promotions of this event.

I have read, understand and agree to the terms of this agreement.

Signature

Print Name

Date

Please Email Completed Form To: Sharon Brooks, sbrooks@lungs.org, 602-429-0007.