



SHOCK WALK REGISTRATION FORM

Name: _____
Mailing Address: _____
City, State, Zip: _____
Email Address: _____
Phone #: _____ Male Female
Date of Birth: _____ Shirt Size: YS YM YL YXL S M L XL 2XL 3XL 4XL

WAIVER:

WAIVER: In consideration of accepting this entry, the undersigned, intending to be legally bound hereby, for myself, my heirs, executors and administrators assigns, waives, releases, discharges and covenants NOT TO SUE Lucas County Health Center; event coordinators, workers and volunteers; and all City, County, District, State, or public agencies connected with the Shock Walk, from any and all claims of liability for death, personal injury or personal damage of any kind or nature whatsoever arising out of or in the course of my participation in the event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotion of this event. The release and waiver extends to all claims of every kind or nature whatsoever, foreseen, known or unknown.

Signature Date

Signature of Parent/Guardian if under 18 years old Date

EVENT INFORMATION

Saturday, June 6th at 9 AM
Red Haw State Park

Cost: (includes shirt)
\$30 per adult, \$20 per child

*Registration must be received by May 21st to
guarantee shirt.*

Return form and payment to:
Lucas County Health Center
Attn: Marketing
1200 North 7th Street
Chariton, IA 50049

Make check payable to LCHC