## **REGISTRATION FORM & WAIVER/RELEASE**

## **Okeechobee Rotary's 7th Annual**



## Send Registration To:

Jim McInnes Farm Bureau Insurance Co. 401 N.W. 4th Street Okeechobee, FL 34972 Phone: 863-763-3101

## Make checks payable to: Rotary's LOST Ride-Run-Walk

Date:						
Last Name (PLEASE	PRINT)	First Name				
Mailing Address		City			State Zip	
Telephone Number		Email Address				
Signature						
I will ride:	🔲 12 miles	🔲 20 miles	🔲 40 miles	🗋 54 miles		
l will run/walk	🗋 5K					
T-Shirt Size:	🗋 Small	🔲 Medium	🗋 Large	🗋 X-Large	🗋 XX-Large	
AMOUNT ENCLOSE	D\$					
All r	Participants under t iders, runners and wa	the age of 18 must be				
I, for myself and anyone sors, cooperating organia and assigns from all clair though such claim or liab	zations and any other in ans or liabilities of any l	parties connected wi kind arising out of my	th this event in any v y participation in the	vay together with the Rotary's LOST ride	heir respective e-Run-Walk ("th	successors le Event") even
If I am riding a bike, I do I may use to participate in helmet.						

If I am running or walking, I do hereby agree that I am physically capable of participating in this Event. I certify that I have read this waiver/release and understand its significance.

Signature: \_

If under 18, signature of parent or guardian: -

If under 18, name of accompanying parent or guardian.

Notice: Waivers/Releases of participants under the age of 18 must be signed by a parent or guardian. The participant must also be accompanied by a parent or guardian