



Tel: 926-1711, 917-7223 or 916-1499 • Web: www.lionsgcmpacce.com
Proceeds to benefit the Cayman Islands Cancer Society and Cayman HospiceCare

Registration Form

Name: _____

Date of Birth: _____ Email Address: _____

Phone: (W) _____ Phone: (C) _____

Registration Fee: \$25

Please indicate the size shirt that you need, place a 1 in the box for your 1st choice and 2 for your 2nd choice.

Small Medium Large XLarge XXLlarge

Please indicate how many miles you will Walk or Run

5 Miles 10 Miles 15 Miles Walk Run

Start time for Walkers 5:00 a.m. and 5:30 a.m. for Runners

Children under 12 are not permitted in any portion of the event unless accompanied by an adult.

Completed entry forms must be received at a designated registration site before participating in the event.

DISCLAIMER - PLEASE READ

The Lions Club of Grand Cayman recommends that participants obtain medical clearance from their physician before participating in the event. As evidenced by my signature below and my participation in this walk/run, I HEREBY AGREE on behalf of myself, any child of mine, and any minor person over whom I have care or guardianship that I have assumed all risks and waived all rights of action or any claims that or any of the aforementioned persons may have against the Lions Club, its members, Directors, and representatives from any and all liability howsoever caused resulting from any damage, claim or cost suffered or incurred by me or any of the aforementioned persons by undertaking this walk/run, including without limitation any injuries, dehydration, fatigue or any other physical discomforts. I hereby acknowledge that I am at least 18 years old and have read and understand the above disclaimer.

Signature: _____ Date: _____