



South Plains Kidney Foundation
PO BOX 65356 - Lubbock, TX 79464
SPKFDirector@yahoo.com
806-283-7357

Walk 'N Roll Registration Form
1 mile Walk / 5K Run

Saturday June 13, 2015

Registration 7:30 am ~ Walk/Run 8:15 am

MacKenzie Park

601 Municipal Dr Lubbock, TX 79403

Participant Name: _____

Address, City, State, Zip: _____

Phone Number: _____ Email Address: _____

Gender: Female Male Age: 60+ 50-59 40-49 30-39 18-29 Under 18

Do you have Renal Disease: No Donor Yes: CKD Dialysis Transplant

Shirt Size: Small Medium Large X-Large XX-Large 3X 4X 5X

Yes, I am planning on participating in the: 1 mile Walk or 5K Run (check choice).

I enclosed the registration fee/donation of \$_____ (Cash/Check /Money Order).

I will be walking with a Team. **Name of Team** _____

(Please be sure to have each member fill in Name of Team on their registration form)

No, I am unable to participate in the Walk 'N Roll. But I have enclosed a donation of

\$_____ (Check / Money Order).

***Registration/Donation of \$30 or more is eligible to receive a Walk 'N Roll T-Shirt based on availability.**

Please mail your registration form and donation to:

South Plains Kidney Foundation

(PO BOX 65356, Lubbock, TX 79464) by May 21st.

Amie Duemer, Executive Director for SPKF, at (806) 283-7357.

Waiver: Must be signed by participant in order to walk.

I hereby release South Plains Kidney Foundation, any and all sponsors of the walk, and any other sponsoring or cosponsoring agencies or individual from any and all liabilities for accident or injury which might occur during my participation in this event.

Walkers under the age of 18 must have this form signed by a parent or guardian.

I hereby consent to release the event organizers and sponsors for any liability whatsoever for the following use: any reproduction of my name, voice, any and all photographs, sketches, videos, taken or made for use with this event or future events without obligation to me. I also certify that I voluntarily shall collect and submit any and all sponsorship monies collected to the SPKF. I certify that all information provided on the form is true and complete and I will abide by the rules and instructions of the event management. I certify my compliance by my signature below.

Participant/ Parent or Guardian Printed Name _____

Participant/ Parent or Guardian Signature _____ **Date** _____