



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 21<sup>st</sup>.**

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** \_\_\_\_\_