



DIABETES/VISION

WALK

Participant Registration and Waiver

Date: Saturday, May 18, 2019 Time: 2:45-4:15pm Location: Kalahari Resort

Our 2019 State Convention service project is a Diabetes/Vision Walk. Funds raised will be used to further Lions Club International’s Diabetes Initiative and to offset the cost of a Welch-Allyn Spot VS100 vision camera to help screen children for vision problems. \$25 donation (includes T-shirt). Make checks payable to: 2019 State Convention Fund. Note “Walk Participant” in the memo line of the check. Deadline: March 1st. (registrations after March 1st may not be guaranteed a T-shirt)

Note- A separate waiver form for each walker is needed.

***** **Register** *****

Name: _____ District: _____

Address: _____ City: _____

Phone: _____

Email: _____

T-shirt Size: (S-M-L-XL-XXL-XXXL) _____

Release & Waiver: In consideration of participation in the Diabetes/Vision Walk, I, for myself and my next of kin, heirs and executors, waive and release the Diabetes/Vision Walk, its affiliates, volunteers, agents, vendors, contractors, and successors from any and all claims, liabilities, actions, demands, expenses, and attorney fees arising out of my training for and participation in the Diabetes/Vision Walk and any related fundraising activities. I understand the Diabetes/Vision Walk may involve physical activity, contact with other persons or animals and my result in risk for bodily injury or damage to property. I voluntarily assume full and complete responsibility for and the risk of any injury, including death, accident or lost/stolen property. I am medically and physically able to participate in the Diabetes/Vision Walk and take full responsibility for consulting a physician. I consent to emergency care and transportation if needed. I will obey all rules and safety precautions related to the Diabetes/Vision Walk. I consent to having my photograph used without compensation. I certify that I am at least 18 yrs. of age and I accept this release and waiver and have signed it voluntarily. My acceptance is intended to be complete and unconditional release of liability to the greatest extent of the law.

Signature: _____ Date: _____

Return signed waiver and payment to: Diabetes/Vision Walk Co-Chair Linda Zaneski, 12 Sand Drive, Edwardsville, PA 18704, papageantmom@hotmail.com, 570-709-9519