

The Liz Logelin Foundation 5K

“Strolling Through the Garden of Awesome”

EVENT OVERVIEW

Date: Saturday, September 19, 2009

Time: Strolling begins at 10:00 am; Same-day registration begins at 8:30 am

Location: Thomas Beach – Lake Calhoun – Minneapolis, Minnesota

Participation Fee: \$25 for the first participant and \$20 for each additional family member - Includes a free t-shirt! Children under 12 participate for free. Children's shirts may be purchased separately.

Prizes: The top fundraiser will receive a prize and all participants who raise \$100 or more will be entered in a drawing to receive a pair of free Liz Logelin Foundation gala tickets!



REGISTRATION INFORMATION

Will you be participating in the Minnesota walk? (circle one) Yes No

Name: _____

Address: _____

Phone Number: _____ Email: _____

Adult T-Shirt Size (circle one): S M L XL No shirt desired

Make Checks Payable to: The Liz Logelin Foundation Total Amount Paid: _____

Registration form and check due by September 4, 2009 in order to guarantee t-shirt by event!!!

Please sign the waiver statement below for each participant, including children:

I, the undersigned, in consideration of acceptance of the entry and registration as participant in The Liz Logelin Foundation 5K, waive any and all claims which I and my heirs or assigns may now or hereafter have against The Liz Logelin Foundation, its members, the Minneapolis Park and Recreation Board, and all officials, volunteers and sponsors of The Liz Logelin 5K, which may indirectly or directly result from my participation in The Liz Logelin 5K. I further warrant and represent that I am in proper physical condition to participate in The Liz Logelin 5K and am not participating in this event against physician's advice nor am I taking medications which would impair my health or ability to participate in The Liz Logelin 5K. Further, I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for legitimate purposes.

Signature (parent or guardian if under 18) _____ Date _____

Please complete the above information and send this form, along with your check made payable to The Liz Logelin Foundation to:

Becky Peterson
c/o The Liz Logelin Foundation
P.O. Box 26366
St. Louis Park, MN 55426

Please make a copy of this form for your records!
Questions? Contact Becky Peterson at 5k@thelizlogelinfoundation.org