

Lyle's Myles Registration Form

You can register for the walk/run in one of the following ways:

1. Visit our website at www.LylesMyles.com and pay thru PayPal.com.
2. Fill out and return this form to Lyle's Myles
*Fold in thirds and tape closed to mail
3. Fax your completed form to 360-693-0972

To be eligible for a Lyle's Myles walk T-Shirt, you must raise \$100 + in donations.

To pick up your T-Shirt and Hat at the walk, **return your registration and donations by Sept. 15th.**

Walker

Name: _____

I'd like to be a Team Captain. I am part of _____'s Team

Address: _____ City _____ ST _____

Zip _____

Phone: _____ E-

Mail: _____

- Sign me up for the Red Ribbon Team! I'll commit to a goal of raising \$250+.
- Sign me up as a Sleep Walker! I can't be there, but I'll donate/raise pledges.
- My company has a matching gift program. I've attached a matching gift form.
- I would like to volunteer at Lyle's Myles. (You will be contacted by Lyle's Myles.)
- I am under 18 years of age (have parent/guardian sign form)

By signing below, you agree, warrant and covenant as follows: I understand that my consent these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event, and in good physical condition. I KNOW THAT THIS EVENT IS A POTENTIALLY HAZARDOUS ACTIVITY AND I HEREBY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY INJURY OR ACCIDENT WHICH MAY OCCUR DURING MY PARTICIPATION IN THIS EVENT OR WHILE ON THE PREMISES OF THIS EVENT, AND I HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST LYLE'S MYLES, GLOBAL PARTNERS OR MARTHA'S PANTRY, AND ANY AFFILIATED INDIVIDUALS, ANY WALK SPONSORS AND THEIR AGENTS AND EMPLOYEES, AND ALL OTHER PERSONS OR ENTITIES ASSOCIATED WITH THIS EVENT (THE "RELEASE") FROM ANY LOSS, LIABILITY, DAMAGE, OR CLAIMS I MAY HAVE ARISING OUT OF MY PARTICIPATION IN THIS EVENT, INCLUDING PERSONAL INJURY OR DAMAGE SUFFERED BY ME OR OTHERS, WHETHER SAME BE CAUSED BY FALLS, CONTACT WITH OTHER PARTICIPANTS, CONDITIONS OF THE WALK COURSE, NEGLIGENCE OF THE RELEASEES OR OTHERWISE. If I do not follow all the rules of this event, I understand that I may be removed from the Walk. I give my full permission to Lyle's Myles and their sponsors and corporate partners to use any photographs, videotapes, or other recordings of me that are made during the course of this event.

Signature: _____

Date: _____

Parent/Guardian (if under 18): _____ Date: _____

Tape Closed Here

Affix Stamp Here
Post office will not
Deliver without
proper postage

**Lyle's Myles
1801 D Street, Suite 2
Vancouver WA 98663**

