



All proceeds benefit



Assisting people living with HIV in central Iowa to achieve the highest quality of life available; Preventing future HIV infections in our community

**LUTHERAN CHURCH OF HOPE OFFICIAL EVENT ENTRY FORM**

PLEASE PRINT CLEARLY

MALE       FEMALE        AGE ON 4/12/08

NAME (LAST/FIRST) \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL (if applicable) \_\_\_\_\_

ENTRY FEE	Adult	\$20	\$ _____
	Youth (12 and under)	\$10	\$ _____
	Youth (5 and under)	FREE without t-shirt	\$ _____
	Contribution to AIDS Project of Central Iowa		\$ _____
	Total Enclosed (non-refundable)		\$ _____

PLEASE INDICATE SHIRT SIZE     Youth M    S    M    L    XL    XXL    3XL      EVENT     1-mile walk    5K run

PAYMENT     I've enclosed a check (payable to: The Project) in the amount of \$ \_\_\_\_\_  
 Mastercard     Visa    Account # \_\_\_\_\_    Expiration Date \_\_\_\_\_

CREDIT CARD SIGNATURE \_\_\_\_\_

**WAIVER OF LIABILITY (PLEASE SIGN BEFORE SUBMITTING FORM)**

In consideration of the AIDS WALK/RUN DES MOINES 2008, I, intending to be legally bound, hereby for myself, my heirs, executors, administrators and assignees waive and release The Project, its sponsors, hosts, and any officials from any and all claims, damages, actions, whatsoever, in injuries suffered in connection with this event. I give my permission for the use of my name and picture in any broadcast, telecast or print media account of this event.

Signature (if under 18, parent or guardian must sign) \_\_\_\_\_ Date \_\_\_\_\_

Please mail this entry form and payment to: The Project, 711 East 2nd Street, Des Moines, IA 50309