



Lake Mills July Jubilee 5K Run and Walk

Saturday, July 11th, 2015

**REGISTRATION FORM AND
RELEASE OF LIABILITY**

Entry Fee: \$25 per person

Includes Short-sleeved
Dri fit Shirt / Adult and Youth.
Make checks payable to LMCDC

7 a.m. Registration / 7:30 a.m. Start Time

Shirts and packets may be picked up Friday, July 10th at
Lake Mills Physical Therapy, 115 N Mill, between the hours of noon and 5 p.m.
Shirts will NOT be mailed or delivered this year.

Early Bird Registration –

The first 50 people to register will receive an extra “Incentive”

*Please **REGISTER EARLY** to receive this extra Incentive! Registrations begin May 1st.*

NOTE: All registrations must be received by June 30th in order to guarantee receiving a shirt. No additional shirt orders will be placed. Registration includes SHORT-sleeved Dry Fit Shirt, special commemorative item, refreshments and opportunity to win door prizes.

Medals will be given for first place finishers in each age group.

Check Enclosed: Dollar Amount _____ Check #: _____

SHIRT SIZE- Circle one:

YOUTH: XS S M L XL

WOMEN: S M L XL

MEN: S M L XL XXL

Women sizes – must order at least one size larger than normal size as they run very small. There will be no extras to exchanges sizes.

Name: _____ Age: _____

Address: _____

E-Mail: _____ Phone Number: _____

RELEASE OF LIABILITY FORM – Must be signed.

The undersigned acknowledges that the Lake Mills July Jubilee 5K Run and Walk is voluntary and that I am voluntarily participating. I hereby release the Lake Mills Chamber Development Corporation, the July Jubilee Committee, and the City of Lake Mills, Iowa, their officers, employees, directors, agents, volunteers and all other parties from any and all liability whatsoever, including all claims, demands or causes of action of every nature which arise out of or are in any way connected with the 5K Run and Walk.

The undersigned agrees that the above-mentioned parties shall be held harmless in the event of an accident causing damages or loss of property or injury to the undersigned. I have read the foregoing Release, understand its terms, and freely and voluntarily sign the same.

Signature _____

(If under 18, a parent or guardian must sign)

**All participants must sign Release of Liability.*

Please mail or deliver this form to either :

- Lake Mills Chamber Development, 203 N 1st Ave W, PO Box 182, Lake Mills, IA 50450 **OR**
- Lake Mills Physical Therapy, 115 North Mill, Lake Mills, IA 50450

For further information, contact the LMCDC office at 641-592-5253, LuAnn Scholbrock (641) 592-5648 or via e-mail at:
lscholbrock@yahoo.com or log onto the LMCDC Facebook Page..