

Help us raise money for Lupus Research

Each participant will receive a coupon for a 20% discount in the Childress Vineyard's Gift shop for use on Saturday, April 5th and may be used for all purchases, INCLUDING WINE!

All pre-registrant's names will be included in a special drawing for a bottle of Childress Vineyards Wine personally signed by Richard Childress.

The first 100 participants to register will also receive a walk T-Shirt!

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ SHIRT SIZE: L _____ XL _____

Registration \$25.00 per person _____
(No charge for Children 12 and under)

ADDITIONAL DONATIONS: _____

TOTAL ENCLOSED: _____

WAIVER: I should not enter and participate unless I am medically able and trained. I agree to abide by any decision of an official, relative to my ability to safely participate. I assume all risks associated with participating in this event, including, but not limited to falls, contact with other participants, the effects of the weather including high heat and humidity, traffic, and the conditions of the path, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I for myself and anyone whom I am entitled to act, waive, release and will hold harmless the DSP Lupus Research Memorial Fund, the Lupus Foundation of America Inc., the Winston-Triad Lupus Chapter, Childress Vineyards, Piedmont Federal and all other sponsors, and all the agents, volunteers, officers, and directors working for those entities from all claims and liabilities of any kind arising out of our related participation in the event.

SIGNATURE: _____ DATE: _____
(Parent or guardian if under 18 years of age)

EMERGENCY CONTACT NAME: _____ PHONE: _____