

EMPLOYEE PAYROLL DEDUCTION WALK FOR THE HEALTH OF IT REGISTRATION FORM

After completing this form, you may bring it to the LMH Foundation office at 845 S. Fairmont Ave, Suite 3 (corner Vine St/across from Quest) or you can bring it to the Café on Taco Tuesday from 11:30am-1:00pm to register and pick up your t-shirt.

You can wear your t-shirts on Friday at AHLM from April 12th to May 10th.

Name: _____

Dept: _____

Email: _____

Phone: _____

Address: _____

City: _____ Zip: _____

Employee ID# _____

Please Indicate T-shirt Size:

Adult: S M L XL 2XL 3XL 4XL Total: \$ _____

Youth: S M

X Please direct 100% of my deduction to Walk for the Health of It

X This is a One Time Deduction

Walk Waiver:

I hereby release and discharge in advance Lodi Memorial Hospital Association, Inc., Lodi Memorial Hospital Foundation, the City of Lodi, all agencies whose property and personnel are used, all sponsoring or co- sponsoring entities or individuals, from responsibility for any injuries or damage I may suffer as a result of my participation in the "Walk for the Health of It". I hereby certify that I am able to safely participate in this event. I will additionally permit the use of my name and pictures in broadcasts, telecasts, newspapers, brochures, social media, etc., and I also understand that the entry fee is non-refundable. As a participant, I certify that all information provided in this form is true and complete. I have read the entry information and certify my compliance by my signature.

Signature

Date