

registration form



To register, please mail this completed form to:
Life Centers, 8902 Vincennes Circle, Suite A, Indianapolis, IN 46268

name: _____

address: _____

city: _____ state: _____ zip: _____ phone: _____

e-mail: _____ church name: _____

for e-mail communication from Life Centers only

I am a: individual walker team captain team member

team name: _____

team captain: _____

age: _____ gender: female male

I'd like to form a team! Please send _____ additional sponsor forms to me.

suggested registration donation (\$25)

Yes, I'd like to volunteer at the Walk!

enclosed with this form will submit at Walk

To participate in the Walk for Life, you must sign the following release:

In consideration of the acceptance of this entry, I waive all claims for myself and my heirs against Life Centers, Inc. for any injury or illness which may result directly or indirectly from my participation. I further state that I am in the proper physical condition to participate in this event. In addition, I also give Life Centers permission to use photographs of me taken at the Walk for Life and associated events in future event promotion.

(Parent or Guardian must sign for persons under 18 years of age)

Date