



Lambda Kappa Sigma  
5K Walk  
All proceeds to benefit our philanthropy, Project HOPE

**HOPE's Mission | To achieve sustainable advances in health care around the world by implementing health education programs and providing humanitarian assistance in areas of need.**

Registration form due by Friday, October 19<sup>th</sup>, 2012 to receive a T-shirt!

Name: \_\_\_\_\_

Class: \_\_\_\_\_

E-mail: \_\_\_\_\_

T-shirt Size: \_\_\_\_\_

Single Participant (\$25.00): \_\_\_\_\_

Additional Donation: \_\_\_\_\_

Saturday, November 3<sup>rd</sup>, 2012

Fairfield Way

Registration: 9:30am—10:30am

Race begins at 10:30am

Participants may register on the day of the race for \$30.00

T-shirts will be available to purchase for \$15.00 while supplies last.

Registration forms may be returned in a sealed envelope to:

P1 Class – Kelsey Hutchinson (SOP Locker # 138)

P2 Class – Christina Palazzo (SOP Locker # 29)

P3 Class – Larysa Khrystenko (SOP Locker # 239)

Payment type: \_\_\_ Cash \_\_\_ Check, Check # \_\_\_\_\_

Amount \_\_\_\_\_

Please make checks payable to Lambda Kappa Sigma

\*In the event of inclement weather, please look for updates from [alphabetavp@gmail.com](mailto:alphabetavp@gmail.com) \*

Please email [Larysa.Khrystenko@uconn.edu](mailto:Larysa.Khrystenko@uconn.edu) with any questions.

Emergency Contact Information:

Emergency contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Participants CANNOT race unless they sign a waiver on the day of the race.

Lambda Kappa Sigma

Alpha Beta Chapter

HOPE waLKS 5K walk

By signing and dating below, you agree, warrant and covenant as follows:

**General Waiver and Release:**

In signing this release, I acknowledge that I understand its intent, and I, for myself, my heirs, executives, administrators and representatives, do hereby agree and will absolve and hold harmless the University of Connecticut, University of Connecticut School of Pharmacy, any sponsors of this event, Lambda Kappa Sigma and its affiliates, officers, directors, stockholders, employees, members, managers, servants and agents and any other parties connected with this event in any way together with their respective successors and assigns (the "Sponsors"), singly and collectively, from and against any blame and liability for any injury, harm, loss, inconvenience or any other damage of any kind whatsoever, which may result from or be connected in any way to my participation in the HOPE waLKS 5K walk. In addition to the absolute and unqualified release from all liability, I hereby represent that I am physically capable of participating in this event, that I will observe all applicable traffic and event rules and that I will conduct myself in a safe and prudent manner while participating in the event and I hereby absolve and hold harmless the Sponsors from any damage I may sustain because of any breach of these representations. I hereby consent to and permit emergency treatment in the event of injury and illness while participating in the event. I also hereby give permission to the HOPE waLKS 5K walk organizers to use my name and any photograph taken of me during the event in any promotional materials or publications.

I certify that I have read this waiver and release and understand its significance.

X \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_