



275 Madison Avenue  
10th Floor  
New York, NY 10016

# walk WITH US TO CURE LUPUS

CALL 866-925-5257  
or VISIT WALK.LUPUSRESEARCH.ORG

**INSTRUCTIONS:**

- Make all checks payable to **Lupus Research Alliance**.
- Enclose any matching gift forms or information in this envelope.
- On the pledge list, only include donations being handed in on Walk Day. All Walkers are encouraged to collect their sponsors' donations in advance and to bring them to the Walk in this envelope. (Please convert all cash into one check.)

**EACH PARTICIPANT MUST READ AND SIGN BELOW.**

WAIVER: I, the undersigned, agree to indemnify and hold harmless the Lupus Research Alliance from all cost, expense and liability arising out of my or my child's participation in this event to benefit the Lupus Research Alliance. I do hereby waive all claims for damage or loss to me or my child's person or property that may be caused by an act, or failure to act, by Lupus Research Alliance, its officers, agents or employees arising directly or indirectly from my or my child's participation in this event; and I hereby assume liability for any loss, damage or other liability from such event. I grant full permission for organizers to use photo, videos, film or any other record of this event in which I may appear for any legitimate purpose. Participants under 18 must have this form signed by a parent or guardian.

SIGNATURE OF PARTICIPANT/PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

**PERSONAL INFORMATION:**  Mr.  Ms.  Mrs.

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ LUPUS RESEARCH ALLIANCE WALK LOCATION \_\_\_\_\_

EMAIL \_\_\_\_\_ TEAM NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ TEAM CAPTAIN \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

**EVERY REGISTERED WALKER RAISING \$100+ (NOT CUMULATIVE) WILL RECEIVE A WALK T-SHIRT.**

| NAME                         | ADDRESS | EMAIL | CHECK NUMBER | AMOUNT |
|------------------------------|---------|-------|--------------|--------|
| 1                            |         |       |              |        |
| 2                            |         |       |              |        |
| 3                            |         |       |              |        |
| 4                            |         |       |              |        |
| 5                            |         |       |              |        |
| 6                            |         |       |              |        |
| 7                            |         |       |              |        |
| 8                            |         |       |              |        |
| 9                            |         |       |              |        |
| 10                           |         |       |              |        |
| <b>TOTAL AMOUNT ENCLOSED</b> |         |       | <b>\$</b>    |        |