

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's at AHLM from April 11th to May 9th.

Name: _____

Dept: _____

Email: _____

Phone: _____

Address: _____

City: _____ Zip: _____

Employee Department _____

Please Indicate number of each T-shirt Size:

\$25 - Adult: ___ S ___ M ___ L ___ XL ___ 2XL ___ 3XL ___ 4XL

\$10 - Youth: ___ S ___ M ___ L

\$55 - Family (2 Adult & 1 Youth): Adult Sizes ___&___ Youth Size ___

Total: \$ _____

___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 can 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