



Help Us Solve  
The Cruel Mystery  
**LUPUS**<sup>™</sup>  
FOUNDATION OF AMERICA  
PHILADELPHIA TRI-STATE  
CHAPTER

## Participant Registration and Contribution Tracking Form

PLEASE COPY FORM AS NEEDED

Online registration is available on [walktoendlupusnowcpa.org](http://walktoendlupusnowcpa.org)

### INSTRUCTIONS

- Pre-register online by Tuesday, April 17, 2018 @ 11:59 PM
- After April 17 – Register on-site on Walk Day!
- Event T-shirt awarded if you raise or donate \$100 or more.
- Make checks payable to the Lupus Foundation of America, Philadelphia Tri-State Chapter, and mail to 101 Greenwood Ave., Suite 200, Jenkintown, PA 19046.

**Team Captains:** Please copy this form as needed. **Participants:** Use this form to track cash and check donations. Collect donations from your donors to bring to the Walk or mail to our office. Don't hold onto donations too long! Send them in to keep us moving toward our goal! All donations must be turned in 30 days post-walk to qualify for awards. For additional forms, please visit [walktoendlupusnowcpa.org](http://walktoendlupusnowcpa.org) or contact the Chapter Office at 866-517-5070 or [info@lupustristate.org](mailto:info@lupustristate.org). \*If you converted cash donations to a check or money order, please indicate which check or money order covers the cash donations. The Chapter acknowledges every donation made.

### PERSONAL INFORMATION

Mr.  Ms.  Mrs.  Dr.

FIRST NAME		LAST NAME	
TEAM NAME			
ADDRESS			
CITY	STATE	ZIP	
PHONE	EMAIL ADDRESS		

### WALKER STATUS

- Individual Walker   
  Team Captain   
  Team Member   
  Virtual Walker  
 Volunteer
- Adult                     
  Child                     
  Male                     
  Female  
 I have lupus.  
 A family member has lupus.  
 A friend or friend's family is touched by lupus.  
 I work professionally with those touched by lupus.

### PARTICIPANT WAIVER AND PERMISSION (REQUIRED)

I and my minor child (if any) agree: (1) we are participating voluntarily in, and could become ill or injured due to physical activity associated with, this event, and (2) for the privilege of participation, to release and forever discharge Lupus Foundation of America (LFA), Philadelphia Tri-State Chapter, and their respective officers, employees, and agents (together "LFA Parties") from any and all claims and liabilities whatsoever that I or my child might sustain from participation; to indemnify and hold harmless LFA Parties from all cost, expense, and liability arising out of participation; to waive all claims for damage or loss to me or my child's person or property which may be caused by an act or omission of LFA Parties arising directly or indirectly from participation; to assume all liability for any injury, loss of life, or loss or damage to personal property from participation caused by me or my child; and to grant irrevocable full permission to LFA, Philadelphia Tri-State Chapter to use my or my child's name/likeness in all media, including photos, videos, film, website, or other event records where I/we may appear.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_  
 (Parent/Guardian if under 18 years of age)

DONOR NAME	ADDRESS	EMAIL	MATCHING GIFT (Y/N)	CH#	AMOUNT	POSTED ONLINE? (Y/N)
<b>CHECKS</b>						
<b>TOTAL CHECK DONATIONS</b>					\$	
<b>CASH</b>						
<b>TOTAL CASH DONATIONS</b>					\$	
<b>AMOUNT DONATED BY COMPANY MATCHING GIFT PROGRAM(S)</b>			\$			
<b>TOTAL AMOUNT ENCLOSED</b>			\$			