



Help Us Solve
The Cruel Mystery
LUPUSTM
FOUNDATION OF AMERICA
PHILADELPHIA TRI-STATE
CHAPTER

Participant Registration and Contribution Tracking Form

PLEASE COPY FORM AS NEEDED

Online registration is available at lupus.org/tristate/walks.

INSTRUCTIONS

- **Registration Deadlines**
Central PA– Tuesday, April 30th
South Jersey– Tuesday, May 14th
Delaware– Tuesday, June 18th
- You may register at the Walk if you miss pre-registration.
- 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. Send donations to us to keep us moving towards your goal! All donations must be turned in 30 days post-walk to qualify for awards. For additional forms, please visit lupus.org/tristate/walks or contact the Chapter Office at 866-517-5070 or 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 all donations.

PERSONAL INFORMATION

Mr. Ms. Mrs. Dr.

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

WALK QUESTIONS

Choose walk: Central PA South Jersey Delaware

Walker status: Individual Walker Virtual Participant
 Team Captain Team Member

Age group: Adult Child

What is your connection to lupus?

- I have lupus.
- A family member or friend has lupus.
- I work professionally with those affected 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)
CHECKS						
TOTAL CHECK DONATIONS					\$	
CASH						
TOTAL CASH DONATIONS					\$	
AMOUNT DONATED BY COMPANY MATCHING GIFT PROGRAM(S)			\$			
TOTAL AMOUNT ENCLOSED			\$			