



LUPUS RACE FOR LIFE SUNDAY, OCTOBER 4, 2009

Participant Registration Form

LUPUS RACE FOR LIFE – SUNDAY, OCTOBER 4, 2009

First Name

Last Name

Sex Age on Race Day Birth date

Company Name

Mailing Address

City State Zip

Phone E-mail

Team Name

Choose One: 5K Run 5K Walk 1 Mile Fun Run/Walk
 Volunteer Kids 1 Mile Run

T-Shirt Size (circle one): S M L XL

Enclosed is my \$25 registration fee (\$30 if registering after Sept. 26, 2009)

Age 14 & under \$10 registration fee (\$15 if registering after Sept. 26, 2009)

I cannot participate but please accept my donation of \$

I am paying by (check one): Check Credit card

If paying by credit card (check one): Visa MasterCard AMEX

Name as it appears on card

Card No.

Exp. Date

Signature Date

All participants are encouraged to raise additional monies by collecting sponsor pledges.

Amount of sponsor pledges enclosed: \$

Please send me additional pledge forms

Mail or Fax Completed Registration & Release Forms To:

Lupus International
17985 Sky Park Circle, Suite J
Irvine, CA 92614
Phone: (949) 833-2121 Fax: (949) 833-1183

Please make checks payable to Lupus International. Your contribution is tax deductible to the extent allowed by law. For additional information, contact Lupus International.

Release Form

With my signature, I hereby expressly assume all risks, including personal injury and death, arising in any way out of my participation in the Lupus Race for Life and related activities. I represent and warrant that I am physically fit and able to participate in this event and I agree to stop and request assistance if I experience any symptoms such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain, or any other conditions that would make it difficult or unsafe for me to continue. I agree, for myself, my heirs, executors, and administrators to not sue and to release, indemnify and hold harmless, Lupus International, its affiliates, officers, directors, volunteers, employees, and all sponsoring businesses and organizations and their agents and employees from any and all liability claims, demands and causes of action whatsoever, arising out of my participation in this event and related activities, whether it results from the negligence of any of the above or from any other cause. I have read and understand and agree to the terms of this agreement.

Participant Name Date

Signature (Parent or guardian if under 18)

Thank you for your support!

Sponsor Form

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Does your company have a matching gift program? Yes No

Do you have Lupus? Yes No

Are you participating in honor of someone with Lupus? Yes No

If yes, please write person's name as you would like it to appear on your honor badges:

Remember this is a prepaid event: Ask your sponsors to give you their contribution on the spot. Contributions are tax deductible and please turn in all sponsor donations to:

Lupus International
17985 Sky Park Circle, Suite J
Irvine, CA 92614

or bring them with you to registration at the Lupus Race for Life. Please make all checks payable to:

Lupus International Tax I.D. #95-3773064.

Sponsor's Name:

Address:

City:

Pledge Amount: \$ Collected: Yes No

Sponsor's Name:

Address:

City:

Pledge Amount: \$ Collected: Yes No

Sponsor's Name:

Address:

City:

Pledge Amount: \$ Collected: Yes No

Sponsor's Name:

Address:

City:

Pledge Amount: \$ Collected: Yes No

Sponsor's Name:

Address:

City:

Pledge Amount: \$ Collected: Yes No

Grand Total Of All Pledges: \$

Sponsor form may be photocopied

To register online:

www.lupusinternational.com

This has been sent to you at the request of