



Lake County Juvenile

Diabetes Walk Family

Someone We Love Needs A Cure

www.lcjdwf.org

Serving Lake County

pres.lcjdwf@gmail.com

Lake County Juvenile Diabetes Walk Family

A 501-c3 non-profit organization.

LCJDWF is an independent non-profit that has no affiliation with Juvenile Diabetes Research Foundation or any of its chapters.

Walk For Diabetic Children



Saturday October 20th 2018
10am- 2pm

CHAGRIN RIVER PARK 3100 Reeves Rd. Willoughby, Ohio 44094

\$25.00

INCLUDES T-SHIRT

Food on Site

Raised funds will support our diabetics at Christmas.

Get Sponsored for the walk

We are a 501c3 (27-4640998)

Please make all checks payable to LCJDWF

Mail to: P.O. Box 1411 Painesville, Ohio 44077

Sponsored by Lake County Juvenile Diabetes Walk family



NAME (Last) _____ (First) _____ (Middle Initial) _____

AGE _____ TEL. NO _____ EMAIL _____

MAILING ADDRESS: CITY _____ - _____ STATE _____ ZIP _____

In consideration of the furtherance of your purposes, objectives and work, and in consideration of your permitting me to participate in your CHARITY WALK, on behalf of myself, my heirs, executors, administrators and assigns, I hereby waive and release any and all rights and claims for damages which I may have against you, the properties through which the CHARITY WALK will take place, as well as any person(s) connected with the CHARITY WALK, their heirs, executors, administrator, successors and assigns for any and all injuries which I may suffer while taking part in the CHARITY WALK, or as a result thereof. I also allow the CHARITY WALK and its affiliates the right to publish, print, display, record and use my name, image and likeness while at the CHARITY WALK in any and all media now known or hereafter devised.

Walkers under the age of 12 must be accompanied by an adult. Walkers under the age of 18 must have this application signed by a parent or guardian.

WALKER'S SIGNATURE _____

IMPORTANT: Walkers under the age of 18 must have this application signed by parent or guardian

PARENT OR GUARDIAN (IF WALKER IS UNDER 18 YEARS) _____

TURN IN THIS SHEET BEFORE WALK. MAKE A COPY FOR YOURSELF.

| PRINT SPONSORS NAMES | NUMBER, STREET, TOWN, ZIP CODE | DONATION | AMOUNT COLLECTED |
|----------------------|--------------------------------|-----------------|------------------|
| 1 _____ | _____ | _____ | _____ |
| 2 _____ | _____ | _____ | _____ |
| 3 _____ | _____ | _____ | _____ |
| 4 _____ | _____ | _____ | _____ |
| 5 _____ | _____ | _____ | _____ |
| 6 _____ | _____ | _____ | _____ |
| 7 _____ | _____ | _____ | _____ |
| 8 _____ | _____ | _____ | _____ |
| 9 _____ | _____ | _____ | _____ |
| 10 _____ | _____ | _____ | _____ |
| 11 _____ | _____ | _____ | _____ |
| 12 _____ | _____ | _____ | _____ |
| 13 _____ | _____ | _____ | _____ |
| 14 _____ | _____ | _____ | _____ |
| 15 _____ | _____ | _____ | _____ |
| Thank You | | Total Collected | _____ |

Thank you for joining the Lake County Juvenile Diabetes Walk Family Diabetic Children Walk.

Please make checks payable to LCJDWF. Mail to: P.O. Box 1411 Painesville, Ohio 44077