



## Diabetes/Vision Walk



Our 2020 State Convention Service project is a Diabetes/Vision walk. Funds raised will be used to further Lions Club International Diabetes Initiative.

### Sponsorship Form

**Sponsor Name:** \_\_\_\_\_

**Contact person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Contact email:** \_\_\_\_\_

**Amount enclosed: \$** \_\_\_\_\_

#### Level:

\_\_\_\_\_ \$250.00 **Purple Sponsor:** Sponsor name in 1 inch lettering on back of Walk t-shirt. Please include camera-ready logo if designed. Logo may be emailed to: district14fsecretary@gmail.com.

\_\_\_\_\_ \$100.00 **Gold Sponsor.** Sponsor will receive name in 1/2 inch lettering on back of Walk t-shirt

\_\_\_\_\_ \$50.00 **Pride Sponsor.** Sponsor will receive name in 1/4 inch lettering on back of Walk t-shirt

Checks payable to "2020 PA State Convention" Please add "**Walk Sponsor**" in your memo.

**Deadline:** March 2, 2020, Contributions received after this date will otherwise acknowledged.  
THANK YOU for your support!

Lion Patty Sample, District 14F Secretary, 1130 Townhall Road West, Erie PA 16509, district14fsecretary@gmail.com



## Diabetes/Vision Walk



### Participant Registration and Waiver

**Date: Saturday, May 16, 2020      Time: TBA      Location: Erie Bayfront Convention Center**

Our 2020 State Convention service project is a Diabetes/Vision Walk. Funds Raised will be used to further Lions Club International Diabetes Initiative. \$25 donation( includes a t-shirt) Make checks payable to "2020 PA State Convention". Note "Walk Participants" in the memo line of the check. Deadline March 2, 2020. Registrations received after March 2nd may not be guaranteed a t-shirt.

**Note: A separate waiver form for each walker is need.**

\*\*\*\*\* Register \*\*\*\*\*

Name: \_\_\_\_\_ District: \_\_\_\_\_

Address: \_\_\_\_\_ City, zip code: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

T-shirt Size: (S,M,L,XL, XXL, XXXL,) \_\_\_\_\_

**Release & Waiver:** In consideration of participation in the Diabetes/Vision Walk, I, for myself and my next of kin, heirs and executors, waive and release the Diabetes/Vision Walk, its affiliates, volunteers, agents, vendors, contractors, and successors from any and all claims, liabilities, actions, demands, expenses, and attorney fees arising out of my training for and participation in the Diabetes/Vision Walk and any related fundraising activities. I understand the Diabetes/Vision Walk may involve physical activity, contact with other persons or animals and my result in risk of bodily injury or damage to property. I voluntarily assume full and complete responsibility for and the risk of injury, including death, accident or lost/stolen property. I am medically and physically able to participate in the Diabetes/Vision Walk and take full responsibility for consulting a physician. I consent to emergency care and transportation if needed. I will obey all rule and safety precautions related to the Diabetes/Vision Walk. I consent to having my photograph used without compensation. I certify that I am at least 18 years of age and I accept this release and waiver and have signed it voluntarily. My acceptance is intended to be complete and unconditional release of liability to the greatest extent of the law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18, parent's or guardian's signature and contact information is required and parent must be in attendance at the Erie Bayfront Convention Center:

Parent or guardian's Signature: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

**Return signed waiver and payment to:** Lion Patty Sample, District 14F Secretary, 1130 Townhall Road West, Erie PA 16509, district14fsecretary@gmail.com