

# A Step 4 Life



All of the proceeds will go directly to The Community Foundation for benefit of Colorado Lungs4Life

**\$25/adult, children 6 years old or younger**  
**Make checks payable to The Community Foundation**  
**FBO CL4L**

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**NAME**

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**ADDRESS**

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**CITY, ST., ZIP**

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**PHONE**

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**E-MAIL**

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**REGISTRATION FEE:**

**\$25 per person**

**Children 6 and younger FREE**

**Men's T-Shirt Size** \_\_\_\_ (S, M, L, XL)

**Age** \_\_\_\_

**Gender** \_\_\_\_

**Method of Payment:**

Cash

Check

MasterCard

American Express

Visa

\$ \_\_\_\_\_

Total Payment

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Credit Card No.

Expiration Date

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Signature

I, the undersigned, know that participating in Colorado Lungs4Life: Step 4 Life carries the risk of personal injury or damage. I know that a running event requires training, and I certify that I am physically fit for this event. I hereby waive and forfeit all rights I may have to file suit or make claims against Colorado Lungs4Life: Step 4 Life, The Community Foundation and the directors thereof, the City of Brighton, any sponsoring organizations, and all persons connected with this race for injuries I may suffer at this event. I understand that no refunds can be made if the race is cancelled due to weather conditions or other circumstances beyond the control of the race organizers.

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Signature & Date

(signature of parent or guardian if applicant is under age 18)

**UNSIGNED REGISTRATIONS WILL BE RETURNED.**