

AIDS RUN & WALK CHICAGO - EVENT DAY REGISTRATION FORM

PARTICIPANT INFORMATION

First Name		Last Name		
Address		Address 2	City	State
Zip				
Phone		Email		
Gender	Birthday	Age	Shirt size (unisex)	

Joining as an individual

Joining an existing team

Team name

PARTICIPATION TYPE

- Walker \$50
- 5K Runner \$50
- 10K Runner \$50

***Runners will not be chip-timed/recorded**

Additional donation \$ _____

TOTAL AMOUNT DUE \$ _____

PAYMENT INFORMATION

Promotion Code _____

CASH (exact payment please - no change available)

CHECK (made to the AIDS Foundation of Chicago)

CREDIT CARD _____

CARD TYPE

Name
Credit Card Number
Exp Date

WAIVER

I know that running or walking a road race is a potentially hazardous activity. I attest and verify that I am physically fit and medically able to participate in the AIDS Run & Walk. I agree to abide by any decision of a race official relative to my ability to safely complete the course. I assume all risks associated with running and walking in this event, including, but not limited to: falls, contact with other participants, the effects of the weather, automobile and bicycle traffic, and conditions of the road. Having read this waiver and with full knowledge of the risks associated with this event, and in consideration of my entry in the event, I hereby for myself and my heirs, executors, administrators, personal representatives, successors and assigns, hereby waive and release any and all rights, claims and courses of action I may have for damages that may arise as a result of my participation in the AIDS Run & Walk Chicago (including any pre- and post-event activities) against any of the following: (a) AIDS Foundation of Chicago, Chicago Running and Special Events Management, Special Events Management, the City of Chicago, the Chicago Park District, AIDS Foundation of Chicago, all other sponsors, companies, and individuals associated with the event, and the affiliates, agents, employees, officers, directors, contractors, and successors of all of the foregoing; and (b) medical personnel directed to give medical care including ambulance company and crew, medical director, and medical volunteers. Further, I hereby grant full permission to the sponsors, companies, and individuals associated with the event, and their affiliates, employees, agents and contractors, to use my name, photographs, videotapes, motion pictures in connection with this event, including recording any other record of my participation in this event, for any legitimate purpose, including commercial advertising.

There will be a \$30.00 fee for all returned checks.

Participant Signature	Date
Gaurdian Signature (if under 18)	Date