

Children's Memorial
MARATHON TEAM

Presented by



Robert W. Baird & Co.



Going the distance for kids.®

Children's Memorial Marathon Team Registration Form

Registration Options

- Children's Memorial Marathon Team only: **\$35**
(Must already be registered for the Chicago Marathon)
- Children's Memorial Marathon Team (\$35) + Bank of America Chicago Marathon (\$145): **\$180**
- Children's Memorial Marathon Team (\$35)+ CARA (\$125): **\$160**
(Must already be registered for the Chicago Marathon)
- Children's Memorial Marathon Team (\$35) + Bank of America Chicago Marathon (\$145) + CARA (\$125): **\$305**

Registrant Information (all fields required)

First Name _____ M.I. _____

Last Name _____

Gender Male Female

Date of Birth ____/____/____ (MM/DD/YYYY)

Citizenship _____

Home Address: _____

City, State, Zip _____

Country _____

Day Phone _____

Email Address _____

Preferred Password for Personal Page on website _____

Emergency Contact _____ Emergency Contact Phone _____

Runner Information

CMMT Singlet Size (one per runner)

Men's Women's

S M L XL

Cheerer T-Shirt Size (two per runner)

Adult: S M L XL XXL

Child: S M L

Have you run a marathon before? Yes No

If so, how many? _____

How many Chicago marathons have you run before? _____

Have you ever run for a charity before? _____

If so, which one(s) and how much did you raise? _____

What is your fundraising goal for the CMMT this year? _____

*Note: Minimum fundraising goal is \$750 (\$950 if you are using a post-close spot)

Would you like your contact information to be included on the CMMT roster? Yes No

How did you hear about this event? _____

Did a CMMT runner refer you to the team? If so, who? _____

If you have run on the team in the past – are you interested in being a team mentor? _____

Have you or your family had a first hand experience at Children's Memorial Hospital?

Tribute Program

Runners may choose to fundraise in memory or honor of an individual. If your memorial contributions total \$1,000 or more, your loved one's name may be eligible to be included on the Gifts of Love plaque located in the hospital's Siragusa lobby.*

Are you running in memory/honor of a loved one? Yes No

If yes, please enter the individual's name.

In memory of _____ In honor of _____

Is your fundraising goal \$1,000 or more? Yes No

Would you like CMF to send a personalized card to notify the individual's next of kin that you are running the marathon in memory/honor of their loved one? Yes No

If yes, please provide the next of kin's contact information.*

Name _____

Address _____

City, State ZIP _____

Country _____

*Please note that a name may be added to the Gifts of Love plaque one time only. If the individual's name is already on the plaque, their name will not be eligible to be included again.

*If \$1,000 or more is raised, the next of kin contact information will also be used to provide the family with more details about the plaque as well as the exact date of the dedication, which historically takes place the following spring.

Fundraising Agreement:

By registering for the Children's Memorial Marathon Team:

I agree to raise **\$750** for the patients and families at Children's Memorial Hospital. I understand that if I use one of Children's Memorial Hospital's post-close entries I will be responsible for raising **\$950**. The first half of my fundraising is due by October 3, 2011. The full amount is due by November 18, 2011.

If I have not submitted the balance of my minimum pledge amount on or before November 18, 2011, I authorize Children's Memorial Hospital to charge the balance of the minimum pledge amount to my credit card on November 18, 2011.

I understand that unless I notify the Children's Memorial Foundation of my withdrawal from the Chicago Marathon before July 31, 2011, I will be responsible for the minimum pledge amount.

Signature

Date

Card type Visa Master Card Discover American Express

Name on card _____

Card number _____

Expiration _____

CVV/Security Code _____

Release and Waiver

In consideration of being permitted in CARA's 2011 training programs, the Children's Memorial Hospital Children's Memorial Marathon Team and the 2011 Bank of America Chicago Marathon ("the Events"), I do hereby, for myself, my heirs, executors, administrators, successors, assigns and personal representatives, waive and release any and all rights, claims and causes of action I have or may have against: Bank of America N.A. and its affiliates, Chicago Event Management Inc., the City of Chicago, the Chicago Park District, all governmental bodies or districts representing the area(s) in which the race is held, the Bank of America Chicago Marathon, the Chicago Area Runners Association, Children's Memorial Hospital, and their affiliates, agents, employees, officers, representatives, directors, successors, and assigns of each of the foregoing, and all other persons connected with this program, that may arise as a result of my participation in any of the Events and any pre- and post-race activities.

I further grant full permission to any and all of the foregoing to use and reproduce my image or likeness by any audio and/or visual recording technique (including electronic/digital) now in existence or hereafter invented, for any legitimate purpose, including commercial sales and marketing purposes. I am physically fit and my physical fitness has been verified by a licensed medical doctor and I am sufficiently trained to participate in the Events and recognize the risks involved, and intend by this release to assume full responsibility for anything that might happen to me.

Signature

Date

Please return completed and signed registration form with payment
(make checks payable to Children's Memorial Foundation) to:

**Attn: Lauren Jackson
Children's Memorial Foundation
2300 Children's Plaza, Box #4
Chicago, IL 60614**

**If paying with credit card, you may fax all forms to
Children's Memorial Marathon Team at 773.880.3304.**