



Registration Options (children are 12 years and younger)

- 5K Run Adult: \$35 5K Run Adult - CARA Member: \$32 (CARA Member #: _____) 5K Walk Adult: \$35
- 5K Run Child: Free 5K Walk Child: Free
- Register as an individual
- Join a team Team Name: _____
- Form a new team Team Name: _____

Payment Information

Payment Method

- Visa MC Discover Amex Check (made out to Children's Memorial Foundation) Cash

Credit Card #: _____

Name on card: _____

Expiration: _____ CVV: _____

Signature: _____

Date: _____

Registration Total: \$ _____

Additional Donation: \$ _____

Total: \$ _____

Registrant Information (all fields required)

First: _____ MI: _____ Last: _____

Home Address: _____

City, State, Zip: _____ Country: _____

Day Phone: _____ Email: _____

Gender: M F Date of Birth: ____/____/____ (MM/DD/YYYY)

Tshirt Size: Adult S Adult M Adult L Adult XL Adult XXL Child S Child M Child L

Fundraising Goal: \$ _____

How did you hear about this event? _____

Have you or your family had firsthand experience at Children's Memorial Hospital?

Release and Waiver

In consideration of my participation in the *Children's Memorial Hospital 5k Run/Walk*, I, for myself, for my heirs, executors, administrators, successors assigns, and legal representative hereby waive an release any and all rights, claims, and causes of action I have or may have against: Children's Memorial Hospital, United Airlines, Kohl's, CH Robinson, Puma, 101.9 The Mix, Soldier Field, JMC Partners, Universal Sole, and their affiliates, respective officers, directors, employees, volunteers, agents, servants, of each of the foregoing, and all other persons connected with this program (hereafter "Releasees"), that may arise as a result of my participation in the *Children's Memorial Hospital 5k Run/Walk* and any pre and post-race activities. I understand that, under no circumstances, will there be a refund of the registration to the participants. I expressly release Releasees from any injury and/or damages that I may suffer as a participant in the Events, whether caused by active or passive, ordinary or gross negligence. I understand that a physical examination is not required for this event, and that I am participating at my own risk. If I am in doubt as to my physical condition, I understand that it is strongly recommended that I seek the advice of a competent physician. All persons under 18 years of age must have written consent of their parents or legal guardian to participate in the above-mentioned event. 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. I intend by this release to assume full responsibility for anything that might happen to me. I further grant full permission to Releasees 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 HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND I KNOW THAT MY SIGNING THIS MAY AFFECT MY LEGAL RIGHTS. I HAVE SIGNED THIS RELEASE OF MY OWN FREE WILL. I HAVE AT LEAST 18 YEARS OF AGE. (If not 18 years old, please have a parent or legal guardian complete this form.) I HAVE PERSONAL KNOWLEDGE OF THE FACTS STATED HEREIN AND I REPRESENT THAT THEY ARE TRUE AND CORRECT.

Signature of applicant

Date

I, the undersigned parent or guardian, hereby consent to the applicant's participation and waive and release all rights for damages as is more fully set forth above.

X _____

Signature of Parent or Legal Guardian – For participants under 18 years of age

Date

Please bring all completed forms and payment to:

Race for the Kids Children's Memorial Hospital 5k Run/Walk
Packet Pick Up – Kohl's
2140 North Elston
Chicago, IL

Race for the Kids Children's Memorial Hospital 5k Run/Walk
Packet Pick Up – Universal Sole
3052 North Lincoln
Chicago, IL