



Race for the Kids Children's Memorial Hospital 5k Run/Walk Registration Form

Registration Options

- 5k Run Adult: \$35
- 5k Run Adult-CARA member: \$32 CARA Member #: _____
- 5k Run Child (12 and under): Free
- 5k Walk Adult: \$35
- 5k Walk Child (12 and under): Free

Team Options

- Register as an individual
- Join a team Team to join: _____
- Create a new team New Team Name: _____

Registrant Information (all fields required)

First Name _____ M.I. _____
Last Name _____
Gender Male Female
Date of Birth ____/____/____ (MM/DD/YYYY)
Home Address: _____

City, State, Zip _____
Country _____
Day Phone _____
Email Address _____

Runner/Walker Information

T-Shirt Size

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

What is your fundraising goal? _____

How did you hear about this event? _____

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

Payment Information

Payment Total _____ (Adult Registration fee is non-refundable)

Credit Card Type

Master Card Visa American Express Discover

Name on card _____

Card number _____

Expiration _____

CVV Number _____

Release and Waiver

A physical examination is not required for this event. However, all runners and walkers participate at their own risk. If in doubt as to your physical condition, it is strongly recommended that you 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. In consideration of my participation in the *Children's Memorial Hospital 5k Run/Walk*, I, for myself, for my heirs, executors, administrators, successors and assigns hereby release and discharge the owners and managers of United Airlines, Kohl's, CH Robinson, Puma, 101.9 The Mix, Soldier Field, JMC Partners, Universal Sole, Children's Memorial Hospital and all their respective officers, directors, employees, volunteers, agents and servants, from any and all claims, demand and cause of action of whatever nature which I, my heirs, executors, administrators, successors and assigns ever may have against any of them for, on account of, by reason of or arising in connection with my participation in the *Children's Memorial Hospital 5k Run/Walk* and hereby waive any and all such claims, demand and causes of action. I also give full permission for use of my name and photograph in connection with this event. I understand that, under no circumstances, will there be a refund of the registration to the participants.

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:

Race for the Kids Children's Memorial Hospital 5k Run/Walk
Children's Memorial Foundation
Department 4586
Carol Stream, IL 60122-4586

**If paying with credit card, you may fax all forms to
Race for the Kids 5k Run/Walk at 773.880.3304.**