

13th Annual Kohl's Step Up for Kids Registration Form

Adults: \$45 + \$55 minimum fundraising commitment = \$100
Children (12 & under) = Free



Event Options

- Full climb (80 floors)
 Half climb (38 floors)

Registration Options:

- Adult registration with fundraising commitment: \$100 (I wish to personally donate the \$55 minimum at this time)
 Adult registration without fundraising commitment: \$45
 (I do not wish to personally donate the \$55 minimum at this time)
 Child registration : Free

Team Options:

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

T-Shirt Size:

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

Registrant Information (all fields required):

First Name: _____ M.I. _____
 Last Name: _____
 Gender M F Date of Birth: __/__/____ (MM/DD/YYYY)

Home Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 How did you hear about this event? _____

Payment Information

Payment Total: _____
 Payment Method: Credit Card Check Cash
Please make checks payable to Children's Memorial Hospital.
 Name on credit card: _____
 Credit card number: _____ Expiration Date: _____
 Signature: _____ Date: _____

Release and waiver

A physical examination is not required for this event. However, all steppers 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 Kohl's Step-Up for Kids, I, for myself, for my heirs, executors, administrators, successors and assigns hereby release and discharge the owners and managers of the Aon Center, Jones Lang LaSalle, Wells REIT, Kohl's Department Stores, all sponsors of this event, K.I.D.S.S. for Kids, Inc., 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 Kohl's Step Up for Kids, 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.

Signature (guardian if under 18) _____ Date _____

Please return completed and signed registration form with payment to:

Kohl's Step Up for Kids
 Children's Memorial Foundation
 Department 4597
 Carol Stream, IL 60122-4597
 Attn: Courtney Rohrbach

Campaign: KIDSSKID10
 Appeal: EVNTSTEP10
 Fund: RFAMSKIDS
 Package: STEPREG
 Event ID: STEPUP10