

REGISTRATION FORM

Mother's Day 1 Mile or 3 Mile Walk/Run
Sunday, May 12, 2019
9:00 a.m.



CONTACT INFORMATION

Last name: _____ First name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____ Email: _____

Date of birth: ____ / ____ / ____ Gender: Female Male Breast cancer survivor? Yes No

PARTICIPATION INFORMATION

- Walker
- Runner
- Volunteer (no fee)

REGISTRATION FEE

- In advance: \$25.00
- Day of walk/run: \$30.00
- Child*: FREE

*Children ages 11 years old and under are welcome to attend the walk free of charge, but all participants must sign a waiver.

Registrants can pick-up their t-shirts, race numbers and walk-day information at Packet Pick-up on Monday, May 6th from 6-9 pm at The Tin Whistle, 6448 N. Milwaukee Ave. Chicago.

Race day registration t-shirts will be available on a first come, first serve basis.

PAYMENT INFORMATION

Registration fee: _____ Method of payment: Cash Check no. _____

Personal donation: _____ Please make check payable to "Friends for a Cure" and mail no later than

Grand total: _____ May 1, 2019 to: Friends for a Cure
5400 N. Ludlam Ave.
Chicago, IL 60630

WAIVER AND RELEASE OF LIABILITY

I hereby declare, assert and affirm that participation in the Friends for a Cure Mother's Day Walk 2019 is done having voluntarily and knowingly assumed ALL RISKS involved in this Special Event. The immediate physical risks and hazards associated with normal, vigorous physical activity included (but are not limited to) physical discomfort, fatigue, muscular soreness, falls, pulled or strained muscles, overuse injuries, heat stress, and the rare instance of abnormal responses of the cardio-respiratory system including heart arrhythmia, heart attack, stroke, and sudden death. In consideration of acceptance of this contract allowing my participation in the above stated Special Event and intending to be legally bound thereby, I hereby for myself, my heirs, executors, administrators and assigns, WAIVE AND RELEASE any and all rights and claims for negligence, injuries, damages or losses that I may incur against all participating agencies involved in the above stated Special Event, including, but not limited to St. Thecla School, Church and/or Parish, city of Chicago, and the organizers of this Special Event, their respective employees, agents, representatives, successors, heirs and assigns, for any and all activities connected with the above Special Event. I also understand that I do hereby WAIVE any and all rights or benefits under the State of Illinois Worker's Compensation laws for any injury incurred as a result of my participation in this event, including disregard of the posted route.

Print Name of Participant: _____ Date: _____

Signature of Participant or Guardian of Minor (17 years old or younger): _____

To get the latest information, follow us on Facebook and Twitter or visit our website for more information friends4acure.net.