

REGISTRATION FORM

2021 Mother's Day Walk/Run
Sunday, May 9, 2021 or
WHEN EVER YOU FEEL LIKE IT



CONTACT INFORMATION

Last name: _____ First name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone _____ Email: _____
Date of birth: ____ / ____ / ____ Gender: Female Male Breast cancer survivor? Yes No

REGISTRATION FEE

Walker (age 12 and over): \$25.00 Child*: FREE

A limited quantity of Friends for a Cure face masks (both Adult and Child) will be available to registrants on a first-come, first serve basis. When the masks are available, you will be contacted to arrange for pick up/delivery.

PAYMENT INFORMATION

Registration fee: _____ Method of payment: Cash Check no. _____
Personal donation: _____ Please make check payable to "Friends for a Cure" and mail or drop off
Grand total: _____ by May 8, 2021 to: Friends for a Cure The Tin Whistle Pub
5400 N. Ludlam Ave. 6448 N. Milwaukee Ave.
Chicago, IL 60630 Chicago, IL 60631

WAIVER AND RELEASE OF LIABILITY

I hereby declare, assert and affirm that participation in the Friends for a Cure Mother's Day Walk 2021 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 the City of Chicago, A Silver Lining Foundation 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.

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.