

# REGISTRATION FORM

Mother's Day 1 Mile or 3 Mile Walk/Run  
Sunday, May 14, 2017  
9:00 a.m.



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## CONTACT INFORMATION

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Team name: \_\_\_\_\_  
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.

## FFAC RACE T-SHIRT

- ADULTS:  Small  Medium  Large  X-Large  2X-Large  3X-Large  
CHILD:  Small  Medium  Large

Only registrations received by April 20<sup>th</sup> will be guaranteed a Race Shirt of your choice.

A limited quantity will be available after April 20<sup>th</sup> and will be distributed on a first-come, first-serve basis ONLY.

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## PAYMENT INFORMATION

Registration fee: \_\_\_\_\_ Method of payment:  
Personal donation: \_\_\_\_\_  Cash  Check no. \_\_\_\_\_  
Grand total: \_\_\_\_\_ Please make check payable to "Friends for a Cure"

## WAIVER AND RELEASE OF LIABILITY

I hereby declare, assert and affirm that participation in the Friends for a Cure Mother's Day Walk 2017 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): \_\_\_\_\_

Questions? Email [contact@friendsforcure.net](mailto:contact@friendsforcure.net) or visit our website for more information [friendsforcure.net](http://friendsforcure.net).