



# Aon Step Up for Kids 2019 Registration Form

(This form is required for EACH participant)

## REGISTRANT INFORMATION

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: M F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY) Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### CLIMB OPTIONS:

- Adult Full Climb – \$50 (*Participants over the age of 12*)
- Adult Half Climb – \$50 (*Participants over the age of 12*)
- Child Full Climb – No Fee (*Participants 12 and under*)
- Child Half Climb – No Fee (*Participants 12 and under*)

### TEAM OPTIONS:

- Register as an individual
- Join a team: \_\_\_\_\_
- Create a new team: \_\_\_\_\_

### T-SHIRT SIZE (ONE PER PERSON):

Adult:  S  M  L  XL  XXL Youth:  S  M  L

## PARTICIPANT WAIVER

A physical examination is not required for this event. However, all attendees 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.

In consideration of my participation in this event, I do hereby for myself, for my heirs, executors, administrators, successors and assigns hereby release and discharge the owners and managers of Ann & Robert H. Lurie Children's Hospital of Chicago, all governmental bodies or districts representing the area(s) in which the event is held, 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 this event and hereby waive any and all such claims, demand and causes of action.

I 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 certify that I am physically fit and my physical fitness has been verified by a licensed medical doctor, and I am sufficiently trained to participate in this event and recognize the risks involved, and intend by this release to assume full responsibility for anything that might happen to me.

**I am at least 18 years of age.** (If you are under 18, you must have a parent or a legal guardian complete this form.)

**I have carefully read this release and fully understand its contents. I have personal knowledge of the facts stated herein and I represent that they are true and correct. I have signed this release of my own free will.**

X  
\_\_\_\_\_  
Signature of Applicant, Parent or a Legal Guardian\*

\_\_\_\_\_  
Date\*

## PAYMENT CALCULATION

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<b>Adult Full Climb</b>	<input type="text"/>	(\$50 each)	=	\$	<input type="text"/>
<b>Adult Half Climb</b>	<input type="text"/>	(\$50 each)	=	\$	<input type="text"/>
<b>Child Full Climb</b>	<input type="text"/>	(No Fee)	=	\$	<input type="text"/>
<b>Child Half Climb</b>	<input type="text"/>	(No Fee)	=	\$	<input type="text"/>
<b>Additional Gift</b>				\$	<input type="text"/>
				\$	<input type="text"/>
					<b>TOTAL</b>

## PAYMENT INFORMATION

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**Payment Method:**     Credit Card     Cash     Check    *(Checks should be made payable to Lurie Children's Foundation)*

**Card Type:**     Discover     Visa     American Express     MasterCard

**Name on Credit Card:** \_\_\_\_\_

**Card Number:** *(we can run your card at the registration desk)* \_\_\_\_\_ **Exp:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please sign and return this form with payment to:  
**Lurie Children's Foundation**  
ATTN: Aon Step Up for Kids  
225 East Chicago Avenue, Box 4  
Chicago, IL 60611

TeamRaiser ID: 1800  
Campaign:  
KIDSSKID19  
Fund: RFAMSKIDS  
Appeal: EVNTSTEP19  
Package: STEPREG