

Aon Step Up for Kids 2018 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)

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

How did you hear about this event? _____

Emergency Contact: _____ Phone: _____

PARTICIPANT INFORMATION

Adult Full Climb – \$40 (*Participants over the age of 12*)

Adult Half Climb – \$40 (*Participants over the age of 12*)

Child Full Climb – No Fee (*Participants 12 and under*)

Child Half Climb – No Fee (*Participants 12 and under*)

Virtual Participant – No Fee (*Participants of all ages*)

Note: This participant type will not be able to engage in the event, however virtual participants receive a fundraising page and can ask friends and family to support their efforts.

ADDITIONAL OPTIONS:

Elite Climber – Additional \$100 Fee

To be considered, you must have placed in the overall top 20 finishers in one of the following stair climbs: Step Up for Kids, SkyRise Chicago, Hustle Up the Hancock, Fight for Air Climb.

Firefighter Challenge

Sign up for the exciting Firefighter Challenge! EVERY firefighter (individual or team) should join the Firefighter Challenge. You must be a certified firefighter or volunteer firefighter.

FUNDRAISING GOAL: \$ _____

Each adult participant is committed to raising a minimum of \$100.

TEAM OPTIONS:

Register as an individual

Join a team

Team Name: _____

Create a new team

New Team Name: _____

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.

Signature: _____ **Date:** _____

Please sign and return this form with payment to:

Aon Step Up for Kids
ATTN: Lurie Children's Foundation
225 East Chicago Avenue, Box 4
Chicago, IL 60611

TeamRaiser ID: 1750
Campaign:
KIDSSKID18
Fund: RFAMSKIDS
Appeal: EVNTSTEP18
Package: STEPREG