Registration Form

Registration Options

☐ Children's Marathon Team only: $35
(Must already be registered for Bank of America Chicago Marathon)

☐ Children's Marathon Team ($35) + Bank of America Chicago Marathon ($150): $185

☐ Children's Marathon Team ($35) + CARA ($137): $172
(Must already be registered for Bank of America Chicago Marathon)

☐ Children's Marathon Team ($35) + Bank of America Chicago Marathon ($150) + CARA ($137): $322

Registrant Information (all fields required)

First Name _____ M.I. _____

Last Name _____

Gender ☐ Male ☐ Female

Date of Birth _____ /_____ /_____ (MM/DD/YYYY)

Country of Citizenship _____

Street Address _____

City, State, Zip _____

Country _____

Day Phone _____

E-mail Address _____

Preferred Password for Personal Page on website _____

Emergency Contact _____ Phone _____

Runner Information

CMT Singlet (one per runner) ☐ **Men's** ☐ **Women's**

Size ☐ S ☐ M ☐ L ☐ XL

Cheerer T-Shirt Size (two per runner)

Adult: ☐ S ☐ M ☐ L ☐ XL ☐ XXL

Child: ☐ S ☐ M ☐ L

Have you run a marathon before? ☐ Yes ☐ No

If you answered yes, how many? _____

How many Chicago marathons have you run before? _____

Have you ever run for a charity before? ☐ Yes ☐ No

If so, which one(s) and how much did you raise? _____

What is your fundraising goal for the CMT this year? _____

**Note: Minimum fundraising goal is $750*

Would you like your contact information to be included on the CMT roster? ☐ Yes ☐ No

How did you hear about this event? _____

Did a CMT runner refer you to the team? If so, who? _____

If you have run on the Children's Marathon Team in the past, would you be interested in being a team mentor? ☐ Yes ☐ No

Have you or your family had a firsthand experience at the hospital?

_____

_____

_____

_____

Tribute Program

Runners may choose to fundraise in memory or in honor of an individual. If your **memorial contributions** total $1,000 or more, your loved one's name may be eligible to be included on the Gifts of Love plaque, located inside the new Ann & Robert H. Lurie Children's Hospital of Chicago.

Are you running in memory/honor of a loved one? ☐ Yes ☐ No

If you answered yes, please enter the individual's name:

☐ In memory of ☐ In honor of _____

Is your fundraising goal $1,000 or more? ☐ Yes ☐ No

Would you like Children's Hospital of Chicago Foundation to send a personalized card to notify the individual's next of kin that you are running the Bank of America Chicago Marathon in memory/honor of their loved one? ☐ Yes ☐ No

If yes, please provide the next of kin's contact information:*

Name _____

Address _____

City, State ZIP _____

Country _____

*Please note that a name may be added to the Gifts of Love plaque one time only and are for **memorial gifts** only. If the individual's name is already on the plaque, their name will not be eligible to be included again.

*If $1,000 or more is raised, the next of kin contact information will also be used to provide the family with more details about the plaque as well as the exact date of the dedication, which is scheduled to take place in the summer.

Fundraising Agreement

By registering for the Children's Marathon Team:
I agree to raise **$750** for the patients and families at Ann & Robert H. Lurie Children's Hospital of Chicago. The first half of my fundraising is due by October 1, 2012. The full amount is due by November 16, 2012.

If I have not submitted the balance of my minimum pledge amount on or before November 16, 2012,

I authorize Children's Hospital of Chicago Foundation to charge the balance of the minimum pledge amount to my credit card on November 16, 2012.

I understand that unless I notify Children's Hospital of Chicago Foundation of my withdrawal from the Bank of America Chicago Marathon before July 31, 2012, I will be responsible for the minimum pledge amount.

_____ _____

Signature Date

Card type ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Name on card _____

Card number _____

Expiration _____ CVV/Security Code _____

Release and Waiver

I am voluntarily participating in CARA's 2012 training programs, the Children's Marathon Team and the 2012 Bank of America Chicago Marathon ("the Events") with complete knowledge of the associated risks, and I agree to accept responsibility for all risks of injury.

In consideration of being permitted in the Events, I do hereby for myself, my heirs, executors, administrators, successors, assigns and legal representatives, waive and release any and all rights, claims and causes of action I have or may have against: Ann & Robert H. Lurie Children's Hospital of Chicago, Bank of America N.A. and its affiliates, Chicago Event Management Inc., the City of Chicago, the Chicago Park District, all governmental bodies or districts representing the area(s) in which the race is held, the Bank of America Chicago Marathon, the Chicago Area Runners Association, and their affiliates, agents, employees, officers, representatives, directors, successors, and assigns of each of the foregoing, and all other persons connected with this program (hereafter “Releasees”), that may arise as a result of my participation in any of the Events and any pre and post-race activities.

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 the Events and recognize the risks involved. I intend by this release to assume full responsibility for anything that might happen to me.

I further grant full permission to Releasees 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 HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS.

I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND I KNOW THAT MY SIGNING THIS MAY

AFFECT MY LEGAL RIGHTS.

I HAVE SIGNED THIS RELEASE OF MY OWN FREE WILL.

I AM AT LEAST 18 YEARS OF AGE. (If under 18, please have a parent or legal guardian complete this form.)

I HAVE PERSONAL KNOWLEDGE OF THE FACTS STATED HEREIN AND I REPRESENT THAT THEY ARE TRUE AND CORRECT.

X_____ _____

Signature of Applicant Date

I, the undersigned parent or guardian, hereby consent to the applicant's participation and waive and release all rights for damages as is more fully set forth above.

X_____ _____

Signature of Parent or Legal Guardian Date
(For participants under 18 years of age)

Please return completed and signed registration form with payment
(make checks payable to Children's Hospital of Chicago Foundation) to:

Attn: Lauren Jackson
Children's Hospital of Chicago Foundation
225 East Chicago Avenue, Box #4
Chicago, IL 60611-2605

If paying with credit card, you may fax all forms to: **Children's Marathon Team at 773.880.3304**