registration form

Breast Cancer Network of Strength

CONTACT INFORMATION

Unique ID:

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

Last Name | First Name | MI

E-mail Address

Home Mailing Address | Apt./Ste. #

City | State | ZIP

Home Phone | Work Phone | Mobile Phone

Employer

☐ Male ☐ Female Birth Date ___/___/____

TEAM INFORMATION

☐ I am joining an existing team ☐ I am forming a new team ☐ I am not participating as part of a team

Team Type: ☐ Corporate ☐ Family & Friends ☐ Clubs & Organizations

Team Fundraising Goal: $

Team Captain's Name

Team Name

Company Name (if applicable)

PARTICIPATION TYPE ☐ Runner ☐ Walker ☐ Volunteer (no fee)

Pre-Walk fees ☐ 5K Runner-Adult: $35 ☐ 5K Runner-Children 14 & Under: $20 ☐ Adult Walker: $25 ☐ Child Walker - 14 & under: $12

Walk Day fees ☐ 5K Runner-Adult: $35 ☐ 5K Runner-Children 14 & Under: $20 ☐ Adult Walker: $25 ☐ Child Walker - 14 & under: $12

I would like to make a gift at this time: $_____

Personal fundraising goal: $

Participants are encouraged to raise a minimum of $100.

Total Payment: $_____

☐ Check #_____ or money order (made payable to Walk to Empower)

☐ Credit Card: ☐ AmEx ☐ Discover ☐ MasterCard ☐ VISA

Card Number | Expiration

Date

Signature_____

PRIZE INFORMATION

Preferred T-shirt Size: ADULT ☐ XXL ☐ XL ☐ L ☐ M ☐ S

All participants contributing $100 or more by Mother's Day will receive a keepsake T-shirt.

PARTICIPANT WAIVER: In consideration of this entry, I hereby for myself, my heirs, executors and administrators, waive any and all claims I may have for damages against the City of Chicago, the Chicago Park District, JAM Entertainment & Creative Services, LLP, Breast Cancer Network of Strength, its sponsors, and all individuals associated with the event, their representatives and successors, and assigns for any and all injuries suffered by me in connection with the event, including pre- and post-Walk activities. I have been warned that I must be in good health to participate in this event, and I attest and verify that I am physically fit and have trained sufficiently for this event. I hereby grant permission to Network of Strength and its authorized agents to use my name and photographs, video tapes, motion pictures, recording and any other record of my participation in this event for any purpose. NO REFUNDS.

Breast Cancer Network of Strength and JAM Entertainment & Creative Services, LLP, (hereafter referred to as "Producers") are interested in the health and well-being of each of the participants in the Walk to Empower, May 10, 2009 held in Grant Park in Chicago, Illinois. Those same "Producers" may request information from the contracted ambulance service (hereafter referred to as emergency medical provider, or "EMP") about the medical condition of you as a participant should an incident during the event which necessitates medical attention of you by "EMP."

By signing this form you, as a participant in this event, hereby grant and authorize "EMP" to provide medical assistance and, upon the "Producers" request, release information to them and the event medical coordinator about your condition, including information which may be governed and protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), without other additional written authorization. You have the right to refuse medical care and advice from the event medical coordinator and "EMP." In the event you need to be transported to a medical facility you authorize the "Sponsors" to release the name of the medical facility to your family or responsible party.

It is hereby agreed that with your signature or with the signature of your responsible party you release and hold harmless "EMP" and the "Producers" for the disclosure of the requested information.

I have read and understand the above information and I am authorizing the release of information to the event Sponsors. I am voluntarily signing this form.

VOLUNTEER WAIVER: I have acquainted myself with what is required to perform my given volunteer task(s), and I have the training, skill and ability to perform those task(s). I assume full responsibility for my safety and that of others, and hereby for myself, heirs, executors, and administrators waive any and all claims I may have for damages against Breast Cancer Network of Strength, event organizers, all sponsors and individuals associated with the event.

Unsigned registrations will not be accepted.

Participant Signature | Date

If Under 18, Parent or Guardian Signature | Date

MAILING INFORMATION

Mail by April 30, 2010 to:
(Please do not mail cash.)

—or— Turn in on Walk Day

Chicago's Walk to Empower
75 Remittance Drive, Suite 6523
Chicago, IL 60675-6523

Questions? Call 877-963-7223

network of strength walk to empower®
BREAST CANCER SUPPORT TODAY