

Bib Number: _____

Paid: _____



July 17, 2018 at Guaranteed Rate Field

EVENT REGISTRATION FORM

REGISTRATION FEES (circle one):

5k Early Bird Registration	(Until May 16)	\$35
5k Standard Registration	(May 17 – July 16)	\$40
1 Mile Early Bird Registration	(Until May 16)	\$20
1 Mile Standard Registration	(May 17 – July 16)	\$25

Registration Amount: \$ _____

Additional Donation: \$ _____

Total: \$ _____

CONTACT INFORMATION:

Name _____

Address _____

City _____ State _____ Zip _____

Phone (required) _____

Email _____

Team Name _____

Gender: _____ Date of birth: ____/____/____ Shirt Size: _____ (Adult XS-XXL available)

PAYMENT INFORMATION:

Check Number: _____

Visa:____ MasterCard:____ Discover:____ AmEx:____

Credit Card #: _____ Exp. Date: _____ Security Code: _____

I hereby waive all claims against the Les Turner ALS Foundation, sponsors, or personnel for any injury that I may suffer from my participation in this event. I grant full permission for organizers to use photographs, videotapes, motion pictures, recordings or any other record of this event in which I may appear for any legitimate reason. Having read this waiver and knowing these facts, and in consideration of this acceptance of my entry, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waiver, release and discharge the Les Turner ALS Foundation, the race organizers, event officials, volunteers, and any other sponsors, suppliers, agents, independent contractors, employees and other personnel in any way assisting or connected with this event. I am over 17 years old, or if applicable, I am the parent or legal guardian if the child under 18 years old whom I am registering for this event, and I have the full power and authority to agree to these terms on behalf of such child, and bind him/her to the terms. I have read this waiver.

Signature: _____ Date: _____