

For Office Use:
Bib Number: _____
Paid: _____



Saturday, July 13, 2019 at Guaranteed Rate Field
EVENT REGISTRATION FORM

REGISTRATION FEES (check one):

- 5k Registration \$40
 1 Mile Registration \$25

Registration Amount: \$ _____
Additional Donation: \$ _____
Total: \$ _____

CONTACT INFORMATION:

First and Last Name _____
Street Address _____
City _____ State _____ Zip _____
Email (required) _____ Phone _____
Team Name _____
Gender: _____ Date of birth: ____/____/____
Shirt Size: _____ (Adult unisex sizes 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: _____