

WALK FOR HOPE. WALK FOR HELP. WALK FOR LIFE.



MAIL-IN REGISTRATION FORM

Join us for the 2018 ALS Walk for Life, one of the world's largest ALS gatherings, and provide hope and help for people living with ALS!

Date: Saturday, September 29, 2018
Time: Festivities begin at 9:30am
Walk kicks off at 11:00am
Location: Soldier Field in Chicago

Please complete and return this form to:

Les Turner ALS Foundation
Attn: ALS Walk for Life
5550 W. Touhy Avenue, Suite 302
Skokie, IL 60077-3254

Questions:

Contact the Special Events team at events@lesturnerals.org or 847 679 3311 or visit ALSWalkforLife.org.

WALKER INFORMATION:

Title	First Name	Last Name

Address		

City	State	Zip

Email (you will be added to our distribution list)		Phone

Company Name		

Birthdate (MM/DD/YYYY)	Gender	Marital Status

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REGISTRATION OPTIONS:

I am registering as Team Captain of _____
(Team Name)

My team is walking in _____ of _____
(Honor or Memory) (Patient Name)

My team's fundraising goal is \$_____ My personal fundraising goal is \$_____

I am registering as a Walker on _____
(Team Name)

My personal fundraising goal is \$_____

I am registering to walk as an Individual

I am walking in _____ of _____
(Honor or Memory) (Patient Name)

MY CONNECTION TO ALS:

Patient Spouse Relative Friend Other _____

Patient Name: _____

HOW DID YOU HEAR ABOUT THE LES TURNER ALS WALK4LIFE?

Prior Walker Website Friend/Family Member Email
 Support Group Home Team Les Turner/Lois Insolia Center TV/Radio/PR
 Other (please specify) _____

WAIVER (each registered walker must read and sign):

I am 18 years of age or older Yes No

Waiver: 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 waive, release and discharge the Les Turner ALS Foundation, The City of Chicago, Lakeshore Athletic Association, Chicago Park District, 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: _____
(Participant, or legal guardian, if under 18)