

# 2016 Open Water Swim for ALS



## MAIL-IN REGISTRATION FORM

**Join us for the 2016 Open Water Swim for ALS, one of Chicago's premier swimming events, and provide hope and help for people living with ALS!**

Date: Sunday, August 7, 2016  
Time: Registration opens at 6:00am

Location: Tower Road Beach, Winnetka IL  
899 Sheridan Rd. Winnetka, IL 60093

**Please complete and return this form to:**  
Les Turner ALS Foundation  
Attn: Special Events Team  
5550 W. Touhy Avenue, Suite 302  
Skokie, IL 60077-3254

**Questions:**  
Contact the Special Events team at [events@lesturnerals.org](mailto:events@lesturnerals.org) or 847 679 3311 or visit [www.SwimForALS.org](http://www.SwimForALS.org).

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### Swimmer 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 swimming in \_\_\_\_\_ of \_\_\_\_\_  
(Honor or Memory) (Patient Name)

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

I am registering as a swimmer on \_\_\_\_\_  
(Team Name)

My personal fundraising goal is \$ \_\_\_\_\_

I am registering to swim 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 OPEN WATER SWIM FOR ALS?

- Prior Swimmer  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 waiver, release and discharge the Les Turner ALS Foundation, The City of Chicago, Chicago Special Event Management, Inc., 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)