

Registration Form for 5K March to College

Participant Information

Name _____

Phone Numbers _____

Cell: _____

Home: _____

Year of Birth _____

Emergency Contact _____

Name: _____

Relationship: _____

Phone Numbers of
 Emergency Contact _____

Cell: _____

Home: _____

Work: _____

T-Shirt Size and Category

We give out free T-Shirts to participants who have registered and paid by April 5th. Please select a shirt size and category based on where you are in your college journey. Please note Center for Companies That Care reserves the right to revise categories.

Size:

Adult Small

Medium

Large

XL

XXL

Category:

College Graduate

College Bound

Go to College

Waiver and Release

You (or your parent/guardian if under age 18) must agree to this waiver to participate in the 5K March to College.

I acknowledge that running and/or walking a road race is a potentially hazardous activity and that I should not enter to run or walk unless I am medically able and properly trained. I agree to abide by any decision of a race official in respect to my ability to safely complete the course. Furthermore, I understand there are risks inherent in my participation, and I assume all such risks associated with running and walking in this event, including but not limited to: falls, contact with other participants, the effects of the weather (including low temperatures and/or wind chill), traffic, and conditions of the road. Having read this waiver and in consideration of my entry, I hereby for myself, heirs, executors, and administrators waive any and all claims I may have for damages against Center for Companies That Care, Chicago Running and Special Events Management, Special Events Management, the City of Chicago, the Chicago Park District, Lakeview Citizens Council, USATF, all sponsors and individuals associated with the event, their representatives and successors, and assignees for any and all injuries suffered by me in connection with this event, including pre- and post- race activities. I hereby grant permission to CSEM and its authorized agents to use my name, photographs, videotapes, motion pictures, and any other record of my participation in this event for any purpose. There will be a \$30.00 fee for all returned checks. Unfortunately, we are not able to provide refunds.

I understand and agree to the waiver and release. I am age 18 or older.

As the parent/guardian of the Participant named above, I understand and agree to the waiver and release.

Signature _____

Date: _____

Printed Name _____

REGISTRATION FEES can be mailed with this form to Center for Companies That Care, 815 W. Van Buren St, Suite 415, Chicago, IL 60607 or online at www.companies-that-care.org/march-to-college
 \$12.85 per student of any age until March 1st, \$20 thereafter — \$30 for family with school-aged children — \$35 per adult. Questions? Call 312-661-1010 or email cynthiacobb@companies-that-care.org