

VOLUNTEER REGISTRATION FORM



NORTHERN SUBURBS

Half Day Forest Preserve, Vernon Hills

Sunday, May 6, 2018

www.lupuswalkil.org

VOLUNTEER FOR THE NORTHERN SUBURBS ILLINOIS LUPUS WALK!

NAME *(complete one registration form per person)*

T-SHIRT SIZE *(Adult: S, M, L, XL, 2XL, 3XL Child: S, M, L)*

MAILING ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

GROUP *(friends, family, classmates or fellow employees that you are volunteering with)*

I will ask my employer if they offer a volunteer grant program to donate funds for my volunteer hours

**Please note that volunteer assignments are subject to change. Unforeseen circumstances sometimes cause us to change assignments at the last minute. We thank you in advance for your understanding.*

REMEMBER TO SIGN THE WAIVER ON THE BACK!

WALK VOLUNTEER POSITIONS:

- VOLUNTEER / INCENTIVE PRIZE TENT
- SALES TENT/AWARENESS TENT
- WALKER REGISTRATION / T-SHIRTS
- RAFFLE TENT
- WATER STATIONS
- ROUTE SET UP
- ROUTE MARSHALS
- FOOD/ REFRESHMENTS
- CHILDREN'S AREA
- PHOTOGRAPHER
- TRAFFIC DIRECTOR

SETUP & TEAR DOWN

ALL VOLUNTEERS ARE REQUIRED TO HELP SET UP BEFORE THE EVENT STARTS AND TEAR DOWN AFTER THE WALK IS OVER

PLEASE RETURN FORM TO:

Lupus Society of Illinois
Attn: Taurean Jackson
411 S. Wells St, Suite 710
Chicago, IL 60607
P: 312.542.0004 F: 312.255.8020
E: taurean@lupusil.org
www.lupuswalkil.org



**Lupus Society of Illinois
General Release and Waiver**

For good and valuable consideration, including my and my minor child(ren)'s voluntary participation in the Lupus Society of Illinois fundraising walk (the "Event"), I, personally, and on behalf of, and as parent or legal guardian of, the minor child(ren) identified below, and on behalf of anyone acting on my behalf or on behalf of my minor child(ren), including, but not limited to attorneys, representatives, agents, heirs, executors, administrators, assigns, insurers, or any other person or entity asserting claims through me and/or my child(ren), agree to release, indemnify, defend, hold harmless and forever discharge the following persons and entities:

the Lupus Society of Illinois. Inc. (LSI), the City of Vernon Hills, the Vernon Hills Park District, Lake County Forest Preserve District

and all of its respective directors, officers, shareholders, members, managers, partners, board members, agents, representatives, employees, subsidiaries, successors, parents, heirs, executors, administrators, representatives and affiliates (collectively, the "Releasees"), from and against any and all claims, suits, losses, damages, judgments, expenses, costs, and liabilities (including, without limitation, reasonable attorney, expert witness and court reporter fees and court costs and expenses), which hereinafter may accrue or arise against the Releasees and which in any way arise out of or are in any way related to (a) my or my minor child(ren)'s participation in and/or presence at the Event, and (b) the use of my and/or my minor child(ren)'s name, image, likeness and/or quotations in media platform, including, but not limited to, print, television, radio, mobile and the Internet, in any advertisement or promotion or fundraising effort relating to or supporting LSI.

I HAVE FULLY READ THIS RELEASE AND WAIVER, AND HAVE BEEN FULLY INFORMED REGARDING THE EVENT AND ANY QUESTIONS I HAD REGARDING THE EVENT OR THIS DOCUMENT HAVE BEEN ANSWERED.

I UNDERSTAND THE DANGER OF PERSONAL INJURY OR DEATH THAT MAY RESULT FROM PARTICIPATING IN AND/OR BEING PRESENT AT THE EVENT.

I UNDERSTAND THE POSSIBILITY AND RISKS TO MY PERSONAL PROPERTY THAT MIGHT RESULT FROM MY PARTICIPATING IN AND/OR BEING PRESENT AT THE EVENT.

I ASSUME ANY AND ALL RISK THAT IS IN ANY WAY ASSOCIATED WITH, RELATED TO OR OCCURS AS A RESULT OF MY OR MY MINOR CHILD(REN)'S PARTICIPATION IN AND/OR BEING PRESENT AT THE EVENT.

I HEREBY GIVE RELEASEES OR ANY ONE OF THEM IRREVOCABLE PERMISSION TO USE MY AND/OR MY CHILD(REN)'S NAME, IMAGE, LIKENESS AND/OR QUOTATION ON THE INTERNET AND/OR IN ANY OTHER MEDIA PLATFORM FOR PURPOSES OF ADVERTISEMENT, PROMOTION OR FUNDRAISING, AND AGREE THAT I AND MY CHILD(REN) SHALL NOT BE ENTITLED TO ANY COMPENSATION FOR SUCH USE.

Parent/Guardian Signature

Print Name

Date

Child(ren)'s Name(s)

Address: _____

City, State, Zip: _____