

REGISTRATION FORM



Southern Suburbs Illinois Lupus Walk

Saturday, June 1, 2019

Prairie State College, Chicago Heights

Information at: www.lupuswalkil.org

Registration Form

Name (complete one registration form per participant)

T-Shirt Size (Adult: S, M, L, XL, 2XL, 3XL, 4XL / Child: S, M, L)

Mailing Address

City

State

Zip

Phone

Email

Date of Birth (required for under 18)

Employer (ask about matching gifts!)

Title

- Start a team, team name: _____
- Join a team, team name: _____
- Walk as an individual
- I cannot attend but would like to make a donation (*complete information below*)

Remember to Sign the Waiver on the Back!

Registration Fee(s) *Includes an Illinois Lupus Walk T-Shirt

- Adult Walker - \$25 (\$30 on walk day) Child - \$10 (12 years and under)
 - Additional Donation \$_____ (*Will be added to your registration fee*)
 - Check Enclosed (*Please make checks payable to LSI*)
 - Please charge my credit card \$_____
 - Visa | Name on Card _____
 - MasterCard | Card # _____ Exp. Date _____ CRV # _____ (3 digits on back)
 - Discover | Billing Address _____
 - AMX
- City State Zip

PLEASE RETURN FORM TO:

Lupus Society of Illinois

Attn: Liz Guzman

411 S. Wells St, Suite 503 | Chicago, IL 60607

P: 312.542.0004 | F: 312.255.8020

Questions about the walk? Contact:

Liz Guzman, Special Events Manager

Liz@lupusil.org or 312.542.0006

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 Chicago Heights, the Prairie State College 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) if under 18

Address: _____

City, State, Zip: _____